

# CAP Mozambique

## Strengthening Leading Mozambican NGOs and Networks II

### Semi-Annual Report No.8

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## ACRONYMS

ADC	Association for Community Development
ADPP	Ajuda de Desenvolvimento de Povo para Povo
AIDS	Acquired Immune Deficiency Syndrome
AJN	Associação Juvenil de Nampula
AJULSID	Associação da Juventude de Luta Contra o SIDA e Drogas
AMME	Associação Moçambicana de Mulher e Educação
AMODEFA	Mozambican Association for the Defense of the Family
ANDA	Associação Nacional para o Desenvolvimento Auto-Sustentado
ANEMO	National Association of Nurses of Mozambique
APS	Annual Program Statement
ART	Anti-Retroviral Therapies
BCC	Behavior Change Communication
CAP	Capable Partners Program
CBO	Community-Based Organization
CCM	Christian Council of Mozambique
CEDES	Comité Ecuménico para o Desenvolvimento Social
CEDPA	Center for Development and Population Activities
CMA	Comunidade Moçambicana de Ajuda
CSO	Civil Society Organizations
ECoSIDA	Associação dos Empresários contra o HIV e SIDA, Tuberculose e Malária
FBO	Faith-Based Organization
FDC	Federation for Community Development
FORCOM	Forum of Community Radio Stations of Mozambique
GMW	Grants Management Workshop
HACI	Health for Africa's Children Initiative
HBC	Home-Based Care
HIV	Human Immunodeficiency Virus
HPP	Health Policy Project
IBFAN	International Breast Feeding Action Network
ISO	Intermediary Service Organization
Kukumbi	Organização de Desenvolvimento Rural
LDC	Direitos das Crianças Liga
MARP	Most At Risk Population
MoH	Ministry of Health
M&E	Monitoring and Evaluation
MMAS	Ministry of Women and Social Action
MONASO	Mozambique Network of Aids Service Organizations
NAFEZA	Núcleo das Associações Femininas de Zambézia
NGO	Non-Governmental Organization
NPCS	Provincial AIDS Council
NUMCOV	Multi-Sectoral Support Group for Orphans and Vulnerable Children
OD	Organizational Development
OPHAVELA	Associação para o Desenvolvimento Socio-Económico
OVC	Orphans and Vulnerable Children
PCC	Programa Cuidade Comunitario
PEN	National Strategic Plan
PEPFAR	President's Emergency Program for AIDS Relief
PLWHA	People Living with HIV/AIDS
POAP	Participatory Organizational Assessment Process
PPF	Programa Para o Futuro
PMP	Performance Monitoring Plan
QPM	Quarterly Partners Meeting

Rede CAME	Network Against Abuse of Minors
RFA	Request for Applications
RNCD	National Network Against Drugs
SBCC	Social and Behavior Change Communications
TA	Technical Assistance
UATAF	Technical Assistance Unit for Functional Literacy
USAID	United States Agency for International Development

## **1. PROJECT DURATION**

Five years

## **2. STARTING DATE**

July 27, 2009

## **3. LIFE OF PROJECT FUNDING**

USD 55 million

## **4. GEOGRAPHIC FOCUS**

CAP Mozambique supports programmatic activities in the Sofala, Maputo, Manica, Nampula and Zambezia provinces of Mozambique.

## **5. PROGRAM/PROJECT OBJECTIVES**

The Strengthening Leading Mozambican NGOs and Networks II project pursues the following objectives:

1. Increased capacity of Mozambican CBOs, FBOs, NGOs, networks, and associations increase capacity to develop and manage effective programs that improve the quality and coverage of HIV/AIDS prevention, treatment and care services.
2. NGOs and their partners expand HIV/AIDS prevention behaviors among most-at-risk groups
3. Track I and Track II partners increase the numbers of youth, young adults and adults in sexual relationships avoiding high risk behaviors that make them vulnerable to HIV/AIDS infections
4. Track I and Track II partners increase the number of OVC receiving quality, comprehensive care in their respective target areas.
5. CAP Mozambique's partners increase the quality and coverage of home-based health care to people living with AIDS and their families.
6. Increased number of organizations that graduate from the first level to the advanced level of grants under CAP, and to direct USAID funding.

## 6. SUMMARY OF THE REPORTING PERIOD

### I. EXECUTIVE SUMMARY

In the current reporting period, CAP Mozambique partners validated USAID's investment in Mozambican civil society organizations (CSOs) by producing unprecedented results. Not only did CAP Mozambique partners exceed nearly all PEPFAR targets for the *year*, they did so with high standards of quality and integrity. The level of success CAP Mozambique partners achieved in the current reporting period is a testament to the impact of significant up-front investment in proposal and budget design, and ongoing training and technical assistance (TA) to build both organizational and programmatic capacity. While this initial investment deferred implementation at the outset, that time has been more than recouped. Furthermore, CAP Mozambique partners have proven themselves a flexible platform through which USAID can reach into communities in pursuit of a range of objectives, from the prevention of gender-based violence (GBV) to scale-up of HIV testing and counseling (HTC).

The table below summarizes the status of CAP Mozambique partners as of the writing of this report. These partners are further detailed in the Grant Agreement Status Chart and Partner Profiles in Annexes 1 and 2, respectively.

**Table 1. CAP Mozambique's Partners for Current Reporting Period (Confirmed, Terminated)**

	Sofala	Manica	Maputo	Zambezia	Nampula
<b>Prevention</b>					
Up-and-Coming	CCM-S ADC CEDES-S AJULSID	ANDA	CMA*	Kukumbi NAFEZA	Ophavela
Advanced	ECoSIDA	ECoSIDA	ECoSIDA	AMME	ECoSIDA N'weti ADPP*
<b>OVC</b>					
Up-and-Coming		Rede CAME* Kubatsirana HACI	Rede CAME* HACI	LDC CCM-Z*	AJN* Niiwanane
<b>Care / Treatment</b>					
Up –and-Coming			IBFAN ANEMO (national)		

\* CAP Mozambique halted support to this organization in the current reporting period

In the current reporting period, CAP Mozambique awarded new grants to three organizations and halted support to five. CAP Mozambique awarded new grants to: Comunidade Moçambicana de Ajuda (CMA), Kubatsirana, and Liga dos Direitos da Criança da Zambézia (LDC). CCM – Zambezia was terminated for performance issues in February 2013. Due to unexpected reductions in FY13 funding, CAP Mozambique de-prioritized and discontinued support to four partners (CMA, Rede CAME, AJN and ADPP) and three grantee candidates



(UATAF, HOPEM and UCM). Details are provided in the *Grants Component and Major Implementation Issues Section* of this report.

Though only half way through the year, CAP Mozambique has already surpassed multiple *annual* PEPFAR targets. In the current reporting period, CAP Mozambique surpassed all but one of its annual prevention targets<sup>1</sup>, reaching:

- 316.74% of CAP general prevention targets;
- 148.74% of Most-at-risk-Populations (MARPs) targets; and
- 3,750% of condom outlet targets for the year.

In addition, CAP Mozambique reached:

- 99.98% of annual target for OVC reached with care services; and
- 425.36% of *activista* training target.

Furthermore, CAP Mozambique is progressing well toward reaching its capacity-building targets for the current fiscal year. At this mid-point in the year, these summary results have been achieved:

- 113.19% of target for CSOs using USG assistance to improve capacity;
- 86.11% of target for Mozambican CSOs contributing to the health system;
- 73.73% target for individuals trained;
- 20% of target for organizations demonstrating improved capacity (only one assessment was scheduled during this reporting period); and
- 36.36% of target for number of meetings facilitated to share experiences.

To achieve these results, CAP Mozambique provided significant training and TA to its partners. First, CAP Mozambique continued to invest in the organizational capacity of partners, which creates the foundation for sustained, effective implementation. Among other efforts, CAP Mozambique continued to improve the POAP process, introduced a new basic financial management tool, supported partners to elect more appropriately skilled board members, and piloted performance evaluation tools. In addition, CAP Mozambique provided training and TA to 15 sub-partners of the *Programa para Cuidados Comunitarios* and 29 sub-partners of the US Embassy funded Quick Impact Program. CAP Mozambique also hosted a panel discussion with high level US and Mozambican government representatives to a Quarterly Partner Meeting, creating an opportunity to develop partner advocacy skills.

Second, CAP Mozambique continued to invest in the technical capacity of partners. CAP Mozambique provided facilitation coaching training to all Prevention partner supervisors, aiming to strengthen their skills to improve *activista* performance, and ultimately session quality. For OVC partners, CAP Mozambique modified the Child Status Index (CSI) to include quantitative assessment for service prioritization, introduced the CSI to all OVC partners, and provided individualized TA to aid with its application. Finally, CAP Mozambique provided extensive TA to all partners to improve and validate data quality and promote data-based decision making.

CAP Mozambique continued supporting partners to improve referrals. CAP Mozambique offered much of this support via individualized TA. However, the project also encouraged relationship building and information exchange among its partners, other FHI 360 partners,

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<sup>1</sup> CAP was informed of revised prevention targets on April 23, 2013. This is further discussed in the Progress on Indicators section.

non-partners and government entities via Quarterly Partners Meetings and exchange visits. CAP Mozambique supported Prevention partners to create, strengthen and/or utilize referrals to HIV testing and counseling (HTC), anti-retroviral treatment, and/or voluntary medical male circumcision (VMMC) services with positive result. Linking CAP Mozambique Prevention partners with other PEPFAR partners currently scaling up these services presents a huge opportunity for CAP Mozambique partners to contribute to these priority PEPFAR targets, as was evidenced by ADC and Population Services International (PSI) in the current reporting period. In addition, CAP Mozambique supported OVC partners to identify complementary service providers (both government and non-government) in their respective geographic areas, create formal links with these providers, and strengthen advocacy and negotiation skills to improve the likelihood that these referrals result in beneficiaries receiving services. Niiwanane demonstrated particular improvement in developing advocacy and negotiation skills, supporting greater than 120 children to enroll in school during the current reporting period. *Programa Para o Futuro* in Mozambique (PPF-MZ) also supported 43 of its participants to enroll in school despite numerous challenges. PPF-MZ has also significantly improved its linkages with services, as it implemented the family-centered approach.

CAP Mozambique also faced challenges during the current reporting period. Uncertainty regarding the amount and timing of funding for the project has created obvious planning challenges, though CAP Mozambique will continue working to minimize impact on beneficiaries. Furthermore, as partners scale up demand for condoms as well as HTC and treatment services, they are encountering challenges with service supply, quality and tracking. This, in turn, highlighted the critical role CAP Mozambique partners can and should play in advocating for improved access to and quality of health care services. It also highlighted the need for, and current lack of, easily accessed information regarding other PEPFAR partners engaged in service provision – specifically *where* they are working, *what* they are providing and *how* CAP Mozambique partners can more effectively link with them. CAP Mozambique looks forward to working with USAID in the next reporting period to obtain and apply this information.

## II. GRANT ACTIVITY COMPONENT

### A. HIGHLIGHTS: GRANTS COMPONENT

In the current reporting period, CAP Mozambique:

- Awarded new grants to three organizations: CMA – Comunidade Moçambicana de Ajuda (CMA), Kubatsirana, and Liga dos Direitos da Criança da Zambézia (LDC)
- Trained 29 individuals in contractual compliance through Grant Management Workshops
- Provided TA in sub-grant management to three individuals on the development of a Grant Manual
- Terminated five grantees due to performance issues and/or changes in CAP's funding situation

## B. SPECIFIC ACTIVITIES: GRANTS COMPONENT

### 1. GRANT COMPETITIONS

#### Up-and-Coming

In December 2011, CAP Mozambique launched an Annual Program Statement (APS 11.02). Table 2 outlines the grant award process from proposal receipt through agreement signing, and summarizes CAP Mozambique's progress on advancing grant candidates through that process.

**Table 2: Potential CAP Partners Identified through APS 11.02: Progress to Date**

APS 11.02 Proposal Submission Dates	Proposals Received	Eligible	Selected for site visits after proposal review	Pre-Award Site Visits Conducted	Selected for Project Design TA	Project Design TA	Award Packages Submitted for USAID Approval	USAID Approval Obtained	Agreement signed
<b>Round One</b> (2/15/12)	38	12	6	6	3	3	3	3	3
<b>Round Two</b> (6/15/12)	31	9	3	3	1	1*	-	-	-
<b>Round Three</b> (10/15/12)	66	6	2	2**	1	1	-	-	-
<b>2012 Totals</b>	<b>135</b>	<b>27</b>	<b>11</b>	<b>11</b>	<b>6</b>	<b>5</b>	<b>3</b>	<b>3</b>	<b>3</b>

\*Selection process for this organization was discontinued after notification of budget constraints

\*\* Selection process for one of these organizations was discontinued after notification of budget constraints

Liga dos Direitos da Criança (LDC), Kubatsirana, and Comunidade Moçambicana de Ajuda (CMA) selected from Round One, obtained USAID approval and signed grants agreements with CAP Mozambique.

From Round Two CAP Mozambique selected *Unidade de Assistência Técnica de Alfabetização Funcional* (UATAF) for project-and budget-design TA, which was provided in the current reporting period. CEDES Maputo did not demonstrate sufficient programmatic technical understanding to merit selection for this TA, and UTOMI lacked sufficient experience or presence in Sofala to act as a project lead there.

In October of the current reporting period, CAP Mozambique received 66 proposals as part of Round Three in this APS competition. CAP Mozambique ultimately selected two organizations for site visits: ANDA (Manica-based HIV prevention and mitigation focused organization), and HOPEM (a Maputo-based organization focused on male involvement in HIV prevention, care and treatment). CAP Mozambique conducted site visits with ANDA and HOPEM in December, selecting ANDA for both project- and budget-design TA.

Due to changes in the funds available to CAP Mozambique this year and next year (further described in Section 8), CAP Mozambique has discontinued support to two promising

potential partners, UATAF and HOPEM, and will end its support for CMA on April 30, before initiation of program implementation.

### Advanced

During the current reporting period, CAP Mozambique continued to provide TA to *Advanced* organization *Universidade Catolica de Mozambique* (UCM) for project and budget design. After significant TA from CAP Mozambique, UCM crafted a promising proposal, but was unable to finalize its budget due to an institutional inability to adhere to USAID regulations regarding salaries and benefits. During negotiations, it also became clear that much of the organizational TA CAP provides would be irrelevant for a university whose systems are so dramatically different from those of other CAP Mozambique partners. Thus, CAP Mozambique halted support to UCM.

UCM's system is based on the government system where there is a low base salary and employees get additional amounts for additional responsibilities for the period during which they have those responsibilities (e.g., department chair, participation in a project). Then when those responsibilities end, they return to their base salary. CAP worked with them to help them understand how this translates into LOE; unfortunately, the employment contracts they sign are full time, even for a base salary, so the documentation we had would not allow a justification for an increase in salary.

It should be noted that this salary question, was the final point in negotiations, but there were several other factors that caused CAP to question the value of a partnership with UCM. First, UCM is much bigger than the project CAP would be supporting, and was, understandably, not open to changing university systems to comply with requirements for a project; as such, TA would have been limited to project management; TA on governance, policies and procedures, other OD areas would not be included; given this, there was little likelihood CAP would "graduate" UCM, which is one of the main purposes of the Advanced grants program. Second, the cost per unit of the HIV prevention project UCM designed was very high, even after extensive TA in improving their model. For a list of CAP Mozambique partners and more information about partners' scopes of work, please see Annexes 1 and 2 (Grant Agreement Status Chart and Partner Profiles).

## **2. GRANT TERMINATIONS**

CAP Mozambique terminated CCM-Zambezia for performance issues on March 12, 2013. Despite intensive, repeated technical assistance in several areas, CCM-Zambezia did not progress to a level where CAP Mozambique felt the organization would provide adequate support and guidance to sub-partners. This is further discussed in the OVC Component of this section of the report.

In response to the precarious funding situation, further described in Section 8, CAP Mozambique also sent termination letters to six grantees, for whom support would cease on April 30, 2013. Terminations for AJULSID and CEDES were revoked in April, once CAP Mozambique received news that *Reclama* funds for FY13 for CAP were secured by the Mission and would be forthcoming.

### 3. GRADUATION

In the previous reporting period, AMME advanced to a higher classification of organizational development and N'weti was recommended for direct USAID funding. The details are described in the Report on Graduation Assessments submitted in January 2013 (also included in Annex 3). CAP Mozambique announced these graduations at the November Quarterly Partners Meeting (QPM), and N'weti organized a celebratory reception in Maputo. CAP Mozambique did not evaluate any grantees for graduation during the current reporting period. While some partners demonstrated promise, most were still too early in implementation of their grant activities to be evaluated. The next assessment will take place during the April through September 2013 reporting period.

### 4. TRAINING AND TECHNICAL ASSISTANCE IN CONTRACTUAL COMPLIANCE

CAP Mozambique conducted GMW workshops for the following recipients during this reporting period.

**Table 3. CAP Mozambique Grant Management Workshops (Current Reporting Period)**

	GMW-I	GMW-II (finance)	GMW-II (M&E)
<b>Ophavela</b>	Previous Period		Dec 2012
<b>AJN</b>			Jan 2013
<b>Kubatsirana</b>	Nov 2012	Nov 2012	Dec 2012
<b>LDC</b>	Nov 2012	Nov 2012	Jan 2013
<b>CMA</b>	Jan 2013	Jan 2013	Feb 2013

### 5. TRAINING AND TECHNICAL ASSISTANCE IN SUB-GRANT MANAGEMENT

In the previous reporting period, CAP Mozambique approved all six of HACI's sub-grants, and HACI has begun working with these organizations to implement activities. In the current reporting period, CAP Mozambique provided TA to HACI to develop a grants manual. This TA will be continued in the next reporting period. In addition, CAP Mozambique provided instruction to HACI to more critically review sub-grantees' advance requests, evaluating whether planned activities are realistic in the noted timeframe. In the next reporting period, CAP Mozambique will provide TA to HACI to develop financial monitoring processes and tools, as well as more effectively provide feedback to sub-grantees.

In the previous reporting period, CCM-Zambezia submitted two sub-grant packages to CAP Mozambique for approval. After extensive comments and review, in January 2013, CAP Mozambique approved these packages. CCM-Z subsequently held a sub-grantee launch workshop. However, CCM-Z was terminated prior to disbursing funds to sub-grantees.

## III. ORGANIZATIONAL DEVELOPMENT COMPONENT

### A. HIGHLIGHTS: OD COMPONENT

In the current reporting period, CAP Mozambique and/or partners:

- Further refined the POAP, and conducted POAPs with 10 organizations
- Introduced MANGO Basic Financial Management system training to four CAP Mozambique partners and five CAP Mozambique staff

- Identified the need for electing more appropriately skilled board members. Provided TA to association members, clarifying board member roles, responsibilities and profile prior to board elections
- Piloted performance evaluation tools and ensured links to policy on annual salary increases
- Created advocacy opportunity for CAP Mozambique OVC partners through panel discussion with Ministry of Women and Social Action (MMAS), National Institute of Social Action (INAS), USAID and UNICEF during February OVC Quarterly Partners Meeting (QPM)

## **B. SPECIFIC ACTIVITIES: OD COMPONENT**

### **1. PARTICIPATORY ORGANIZATIONAL ASSESSMENT (POAP)**

In the current reporting period, CAP Mozambique conducted a total of seven first-time POAPs with *Up-and-Coming* partners Ophavela, LDC, Kubastirana, and CMA as well as *Advanced* partners ADPP, ECoSIDA and N'weti. CAP Mozambique also conducted one follow-up POAP with Ajulsid. For those partners whose grants are continuing, CAP Mozambique created integrated capacity-building plans (detailed in Annex 4) to map planned TA from CAP Mozambique's various teams. For CMA and ADPP, whose grants will be discontinued, POAP analysis is summarized in stages of growth rating tables (detailed in Annex 5).

In the current reporting period, CAP Mozambique continued to refine the POAP process. For each partner, CAP Mozambique periodically performs a financial "health check" and assessment of program technical capacity to determine capacity needs. These assessments provide an "external" view of organizational capacity, complementing the POAP, which is a self-evaluation. 'External' assessment results were shared with POAP participants to enrich the basis for the POAP self-evaluation. Injecting assessments of financial and technical capacity into the POAP process (rather than maintaining a focus on organizational development topics) made the POAP process and resulting capacity building plans more comprehensive and useful. CAP Mozambique also simplified POAP reporting by asking partners to appoint a secretary to record scores and key points of consensus, providing a more structured reporting form, and requiring partners to complete that form on-site, prior to conclusion of the POAP meetings.

### **2. TRAINING AND TECHNICAL ASSISTANCE IN FOLLOW-UP TO POAP**

#### **a. Support Core Elements of Organizational Function**

##### Governance, Leadership and Management (GLM)

In the current reporting period, based on the results of partners' POAPs, CAP Mozambique provided GLM training to six partners (Kukumbi, ADC, CCM-S, CCM-Z, ANDA and Rede CAME) with follow-up TA to all except Rede CAME and CCM-Z, to whom CAP Mozambique will discontinue support. In addition, CAP Mozambique continued to provide ANEMO follow-up TA to GLM training received in the previous reporting period. As a result of this TA, ANEMO has revised its mission, vision, and organogram, and clarified roles of board and executive members. All changes were approved by its governing board and will be presented to its general assembly at the next opportunity. Finally, CAP Mozambique provided TA to review and revise governing board standard operating

procedures for ANEMO, Kukumbi, Niiwanane, and ANDA. This TA will continue in the next reporting period.

As previously noted, many governing bodies struggle to fulfill their roles and responsibilities. CAP Mozambique attributes this to two key factors. First, those bodies lack clearly defined roles and responsibilities. Second, at times incumbents lack the appropriate experience, skills, and competencies. In the current reporting period, CAP Mozambique supported ANDA and N'weti to introduce and facilitate a discussion on board members' roles, responsibilities and competencies prior to board elections, with the expectation that a better-informed electorate would choose a more appropriately skilled board. Several *Programa Cuidade Comunitario* (PCC) partners have requested similar support from CAP Mozambique in the next reporting period.

#### Internal Control Systems (ICS)

As a result of extensive training and TA last year with grantees to promote more effective ICS, in the current reporting period CAP Mozambique observed greater awareness about segregation of duties and improved adherence to procurement procedures. CAP Mozambique provided TA to help ADC apply an expense-monitoring tool. In addition, CAP Mozambique provided ANDA, Kubatsirana, and ADC TA to improve electronic archiving systems, which CAP Mozambique expects will help these partners improve reporting, maintain institutional memory, more effectively trace progress, and more quickly respond to information requests from CAP Mozambique and others.

#### Policies and Procedures

In the current reporting period, CAP Mozambique continued to provide AMME, NAFEZA and Kukumbi TA to develop and pilot staff performance assessment tools. In the next reporting period, all three partners will apply performance assessments to staff. NAFEZA and AMME already have policies that link annual salary increases to performance. In the next reporting period, CAP Mozambique will assist Kukumbi to develop these tools.

In the current reporting period, CAP Mozambique provided TA to AMME to support dissemination of policies and procedures. AMME has reported improved awareness of and adherence to policies and procedures as a result of this exercise. ADC received focused TA on the application of its salary policy and scale.

Due to funding constraints, CAP Mozambique decided not to engage a consultant (as planned) to help partners finalize remuneration and travel policies. CAP Mozambique will review possibilities of implementing these tasks internally in the next reporting period.

#### Strategic Planning

Mission, vision, and values (MVV) statements create the basis of any sound strategic plan. Thus, CAP Mozambique's support to strategic planning focuses on helping partners craft clear, meaningful and relevant MVVs. In the current reporting period, CAP Mozambique provided MVV- related TA to AMME, NAFEZA, Kukumbi, HACI, Niiwanane, and ANEMO.

#### Resource Mobilization

CAP Mozambique will organize a workshop on resource mobilization at a quarterly partners meeting and provide follow-up TA for those partners most ready to implement follow-up action plans.



## Project Lifecycle

Training related to project lifecycle is now incorporated into the year two and three workplan development processes with individualized TA provided by the program, M&E and finance teams. The schedule for workplan processes is included in the relevant technical sections.

### **b. Promote Sound Financial Management**

#### Fiscal Councils (FC)

CAP Mozambique FC support in the current reporting period focused on follow-up to the FC trainings that were offered in August and September 2012 in Maputo and Nampula. Though each participating partner produced an individual action plan, participants asked CAP Mozambique to provide follow-up TA collectively to promote learning exchange. Thus, CAP Mozambique conducted two half-day meetings, one each for Maputo and Zambezia partners. Overall, engagement during the training was high, but participation in half-day meetings and implementation of action plans inconsistent. Given the importance of convening governing bodies, CAP Mozambique revised its approach by personalizing invitations and abbreviating meetings.

In response to challenges identified in the current reporting period regarding lack of basic FC member capacity to fulfill their duties, CAP Mozambique decided to create and provide partners with a FC member profile. In addition, CAP Mozambique intends to facilitate discussions on roles, responsibilities, and competencies prior to board elections as previously described.

#### Training and TA for Financial Reporting

In the current reporting period, CAP Mozambique continued to provide training on financial reporting through Grants Management Workshops (GMWs), as described in the *Grants Component* of this report. In addition, CAP Mozambique continued to provide written feedback on grantees' monthly financial reports. Generally, CAP Mozambique observed an overall improvement in quality of financial reporting capacity, but the quality of reports can still vary monthly.

#### Training and TA for Basic Financial Management (BFM)

In the current reporting period, CAP Mozambique made significant progress introducing the MANGO Basic Financial Management system. Two CAP Mozambique staff members were trained by MANGO to deliver the course titled *Practical Financial Management for NGOs: Getting the Basics Right*. These staff members then translated the MANGO training materials to Portuguese and split the course into two parts to accommodate time constraints of participants. In late March, CAP Mozambique conducted part I of the MANGO training with 16 participants from four partner organizations (HACI, IBFAN, ANEMO, AMME) and four CAP Mozambique staff members.

As planned, in October 2012 nine staff from CAP Mozambique and four from HACI and N'weti participated in an InsideNGO USAID rules and regulations training. Trained CAP Mozambique staff has since been able to refer more efficiently to USAID guidance during budget negotiations with partners.

CAP Mozambique will not provide follow-up TA as planned to eight Nampula-based CBOs who were previously trained in basic financial management. This activity has been de-



prioritized to allow CAP Mozambique staff to focus on partners whose grants will be ending earlier than anticipated.

#### Specialized Financial Management for Graduating Partners

In the current reporting period, CAP Mozambique created a TOR to engage a DC-based FHI 360 specialist on USAID rules and regulations. This staff member previously assessed N’weti and ANEMO’s financial management capacity and will provide follow-up TA in the next reporting period. CAP Mozambique will also engage the staff member to conduct financial management capacity assessments with AMME, CCM-S, HACI, IBFAN, and potentially ECoSIDA. These assessments and subsequent capacity building particularly target an organization’s capacity to comply with USAID rules and regulations.

#### Financial Health Checks

In the current reporting period, CAP Mozambique conducted financial health checks with eight partners. The results of these assessments were shared with partners who conducted POAPs in the current reporting period. CAP Mozambique will address these capacity gaps for those partners that identified financial management as a priority during the POAP.

### **c. Expand OD resources available to partners**

In the current reporting period, CAP Mozambique developed terms of reference (TOR) for a consultant to: train CAP Mozambique staff on growth management; facilitate a reflection on networks with partners; and develop a framework to guide network partner activities. Due to budget constraints, CAP Mozambique will not be able to support these activities at this time..

## **3. COLLABORATION**

### **a. Facilitate Quarterly Partners Meetings**

In the current reporting period, CAP Mozambique conducted a total of four Quarterly Partners Meetings (QPMs). These meetings are summarized in Table 4 and detailed below. CAP Mozambique institutionalized a “clinic” component in QPM agendas, allowing partners time to consult CAP Mozambique staff on site for tailored TA. The clinics were enthusiastically received and widely utilized.

**Table 4. Quarterly Partners Meetings Conducted in Current Reporting Period**

Month	Theme	Partner Participation
<b>November</b>	Maputo: Data-based decision-making	AJULSID, Nweti, CCM-S, ADC, ECoSIDA, IBFAN, REDE CAME, KUBATSIRANA, CEDES, ANDA, HACI and ANEMO
	Nampula: Data-based decision making	ADPP, KUKUMBI, AJN, NIIWANANE, AMME, CCM-Z, OPHAVELA, NWETI, and NAFEZA
<b>February</b>	Maputo: Improving quality of OVC services	Rede CAME, HACI, IBFAN, ADC, AJN, CCM-Z, Niiwanane, Kubatsirana, LDC ANEMO, and IBFAN
	Beira: Referral Networks for prevention partners	ADC, ANDA, Ajulsid, CCM-S, ADPP, CEDES, AMME, Ophavela, N’weti, ECoSIDA, NAFEZA, Kukumbi, and CMA

### November 2012 QPMs: Qualitative Data-Based Decision-Making

In November 2012, CAP Mozambique organized QPMs in Maputo and Nampula dedicated to the use of qualitative data to inform decision-making. A total of 70 people participated in these meetings, representing 21 partner organizations. CAP Mozambique invited representatives from the Ministry of Health (MOH) and National AIDS Council (CNCS). Please see Annexes 6 and 7 for the November Maputo and Nampula QPM agendas.

The QPMs, which were planned and facilitated by CAP Mozambique's Monitoring and Evaluation team, aimed to improve participant capacity to:

- Identify and apply appropriate tools for qualitative data collection;
- Analyze qualitative data for programmatic monitoring and decision-making; and
- Effectively report qualitative data.

*"Through field reports, we all have qualitative information, but we don't know what to do with it. Now I understand that I can use this information to redefine strategies and improve project implementation."*  
-Monitoring official from CCM-Z

To that end, over the course of two days CAP Mozambique staff employed a mix of presentations and small group discussions to educate participants about the topic, identify challenges and potential solutions, and foster information exchange. Participants expressed difficulty identifying what type of qualitative information is relevant, who should be responsible for collecting it, how the information should be analyzed and communicated, and when that analysis is relevant to programmatic decision-making. CCM-Z, AMME, and N'weti all shared their qualitative data collection tools, some of which are currently in use by other partners who had not realized they could be a source of rich qualitative data (for example, the forms supervisors use to evaluate *activista* performance can contain valuable information about *activistas'* knowledge of the material and receptiveness of participants. ).

### February 2013 Prevention Partner QPM: Referral networks

In February 2013, CAP Mozambique organized a QPM in Beira for Prevention partners focused on the use of referral networks. A total of 58 people participated in the meeting, representing all 13 Prevention partners, CAP Mozambique, Sofala's Provincial HIV/AIDS Coordination Council (NPCS) and Ministry of Women and Social Action (DPMAS), as well as FHI 360's ROADS, PCC and TB CARE projects. Please see Annex 8 for the February Prevention partner QPM agenda.

The meeting aimed to:

- Introduce partners to currently functioning referral models applicable to their projects;
- Identify key challenges and opportunities associated with this activity;
- Orient Prevention partners to PEPFAR Aids Free Generation (AFG) Blueprint priorities; and
- Generate a preliminary debate on how CAP Mozambique Prevention partners can support those priorities.

Over the course of two days, CAP Mozambique used staff presentations, partner presentations, non-partner presentations, and small group discussion and debate. CAP Mozambique challenged partners to identify the difficulties they face with regard to referrals and pose solutions. For example, if the practice of traditional male circumcision is prevalent within a target population, CAP Mozambique Prevention partners can employ social mobilization techniques to garner opinion leader support for medical male circumcision.

During the QPM, CAP Mozambique shared promising practices, including linking to other PEPFAR partners currently providing services (the ADC/PSI model), implementing tracking mechanisms (FHI 360 partners), creating MOUs with MISAU (ECoSIDA), identifying and working closely with a case manager, and community mobilization for HCT (CHASS).

#### February 2013 OVC Partner QPM: Improving Service Quality

In February 2013, CAP Mozambique organized a QPM in Maputo for OVC partners focused on improving service quality. A total of 63 people participated in the meeting, representing all CAP Mozambique OVC and Care and Treatment partners, CAP Mozambique staff, the Ministry of Women and Social Action (MMAS), including the Permanent Secretary Ivete Alane; National Institute of Social Action (INAS), USAID, UNICEF, Health Policy Project (HPP) and FHI 360's PCC project. Please see Annex 9 for the February OVC partner QPM agenda.

The meeting aimed to:

- Improve partner understanding of MMAS policies related to child and social protection, and evolving initiatives regarding Community Child Protection Committees;
- Present the revised Child Status Index (CSI) and its application;
- Expose OVC partners to PCC partner Kugarissica's referral and counter-referral mechanisms as an example of a functioning system; and
- Present result of legal analysis of relating to GBV and OVC.

CAP Mozambique used a mixture of presentations, small and large group discussion. Much of the meeting was dedicated to the introduction of the CSI. CAP Mozambique observed that partners encounter challenges creating realistic, prioritized follow-up action plans. CAP Mozambique will focus future TA on this. Of particular note for this QPM was the significant participation from MMAS and the inclusion of a panel discussion with representation from MMAS, INAS, UNICEF, and USAID. Not only did the MMAS presentation offer information relevant to OVC partner programming, the subsequent panel discussion created a forum through which CAP-supported CSOs could communicate and advocate directly with high-level government and donor representatives. The panel discussion centered on effective collaboration between government and community entities, including CBOs and local leadership like the CPCC, and the sustainability of support for OVCs. CBOs also raised concerns about meeting high needs with limited government and community resources.

For future OVC QPMs, CAP Mozambique will make great effort to continue securing MMAS and other Government of the Republic of Mozambique GRM participation. CAP Mozambique will encourage partners to prepare thoughtful questions and talking points in advance of QPMs to maximize the productivity of these interactions.

### **b. Foster Exchange between Peer Organizations**

#### Intercambio

No *intercambios* were planned for or conducted during this reporting period.

#### Linkages with other donors

CAP Mozambique is collaborating with the DFID/ USAID-funded Mecanismo de Apoio ao Sociedade Civil (MASC) project to update the database on donors and capacity builders

supporting civil society. As an active member of the donor group steering committee, CAP Mozambique will lead the information update for USG funded organizations and MASC will update for other international donors.

CAP Mozambique was invited to present on its experience strengthening CSOs at the Partners Forum for the National Aids Council (CNCS) in February 2013. The audience appreciated the approach and openness in sharing lessons learned. The CNCS Director, Joana Manguiera, and Executive Secretary, Diogo Milagre, were interested in the applicability of many of CAP's approaches as CNCS designs and rolls out a new funding mechanism for civil society. The presentation is included in Annex 10.

CAP Mozambique has discussed with Danida, MASC, and DFID opportunities for complementary or follow-on funding for CAP partners. Discussions will continue with these and other donors.

## **IV. PREVENTION COMPONENT**

### **A. HIGHLIGHTS: PREVENTION COMPONENT**

In the current reporting period, CAP Mozambique and/or partners:

- Surpassed nearly all Prevention targets
- Made significant progress towards creating, strengthening, and/or utilizing referrals to HTC. ECoSIDA tested nearly 800 beneficiaries and PSI tested 115 people as a result of joint community mobilization with ADC
- Recorded improvement in participation in sessions as a result of community involvement in facilitator selection
- Distributed Portuguese version of *Quebrando Bareiras* to all partners
- Conducted social mobilization training for five Prevention partners
- Conducted facilitation coaching training with a focus on GBV with eleven Prevention partners
- Identified progress in partner ability to use data for programmatic decision-making
- Participated in an exchange visit to Brazil on improving male participation in health activities (N'weti)

### **B. SPECIFIC ACTIVITIES: PREVENTION COMPONENT**

#### **1. PROJECT CYCLE AND RESULTS MANAGEMENT**

##### **a. Identify New Direct Implementing Partners**

At the end of the reporting period, CAP Mozambique had 22 active grants of which 13 are Prevention partners. CAP has informed two prevention partners that support for their activities will end on April 30, 2013. Please see Table 5 for a summary of this activity.

**Table 5. CAP Mozambique Prevention Partners (Before and After April 30, 2013)**

	<b>Sofala</b>	<b>Manica</b>	<b>Maputo</b>	<b>Zambezia</b>	<b>Nampula</b>
<b>Prevention</b>	CCM-S ADC CEDES AJULSID	ANDA	CMA*	Kukumbi NAFEZA	Ophavela
<i>Up-and-Coming</i>					
<i>Advanced</i>	ECoSIDA UCM**	ECoSIDA	ECoSIDA	AMME12/13	ECoSIDA N'weti ADPP*

\*Due to budget constraints, CAP Mozambique will end support to this partner after April 30, 2013

\*\*Not selected (please refer to Grant Section for more details)

For an overview of CAP Mozambique Prevention partners as well as more information about their scopes of work, please see Annexes 1 and 2 (Grant Agreement Status Chart and Partner Profiles). During this reporting period, CAP Mozambique obtained USAID approval for a sub-award to CMA. CAP Mozambique had hoped to move ahead with the grant process for UATAF and HOPEM, but discontinued these processes due to budget constraints. For more information about potential Prevention partners identified through APS 11.02 and RFA 11.0, please refer to the *Grants Component* of this report.

#### **b. Develop Workplans and Budgets**

In this reporting period, CAP Mozambique provided TA for workplan development to six partners. Partners are able to practice the various steps of the project lifecycle through this facilitated workplan process. Though productive and educational, the workplan development process remained time consuming with all partners. Of those six, CAP Mozambique finalized the workplans of two (CCM-S and ADC) and will finalize the workplans of another two (AMME and ANDA) in the next reporting period. The workplan processes for CMA and ADPP was halted because of the decision to discontinue these grants.

AMME conducted a particularly thorough year one evaluation as preparation for the annual workplan, soliciting stakeholder feedback through meetings with teachers, school directors and district educational authorities. (See Annex 11 for a report of these findings).

As ECoSIDA, Kukumbi, NAFEZA, Ophavela, CEDES, AJULSID, N'weti, and CCM-S grants will now end in October or December 2013 instead of April 2014 as originally planned, CAP Mozambique will abbreviate the workplan- and budget- development-process with these partners.

#### **c. Provide Start-up Support for New Grants**

In the current reporting period, CAP Mozambique provided new grantees TA in start-up, which includes the GMWs described in the *Grants Component* of this report, TA in recruiting and selecting strong staff and *activistas*, and developing the supervisory systems necessary to ensure quality program delivery. Please refer to Table 6 for a summary of these activities.

**Table 6. Post-Award Support for Prevention Partners in Current Reporting Period**

Partners		GMW I - Review Award Instrument	GMW II - Financial Reporting	GMW II - M and E	Start-up -- TA in Recruiting and Selecting qualified staff	Training Staff and Field Team	Start-up TA in Procurement	Field Activities Initiated**	
Up-and-Coming	Kukumbi	FY12						Oct 2012	
	NAFEZA							Oct 2012	
	CEDES Sofala							Dec 2012	Feb 2013
	AJULSID							Oct 2012	Feb 2013
	Ophavela		Dec 2012	Nov 2012	Next Period				
	CMA	Jan 2013	Jan 2013	Feb 2013	Feb 2013	Cancelled			
	UATAF*	Cancelled							
	HOPEM*								

\*Pending successful completion of project design and/or USAID approval

\*\* Session started

#### **d. Support Partner Workplan Implementation and Reporting**

In the current reporting period, CAP Mozambique continued to routinely monitor partner implementation progress through regular field visits and quarterly, internal, partner-specific coordination meetings. CAP Mozambique program and M&E staff focused monitoring visits with Prevention partners particularly on the application of revised supervision tools, the analysis of data for programmatic decision-making, and follow up TA to address capacity gaps identified through previous technical assessments.

In addition, CAP Mozambique continued to provide TA to all Prevention partners to improve their capacity to effectively report program and financial information and provided written feedback on every partner's quarterly report.

CAP Mozambique's insistence on timely reporting as well as the TA CAP Mozambique provided to ensure quality reporting yielded results. The majority of Prevention partners demonstrated improvements in timeliness as well as quality of reporting.

#### **e. Support Partner Human Resources Recruitment**

In the current reporting period, CAP Mozambique provided technical support to partners in developing and implementing transparent, competency-based recruitment processes that resulted in selection of the strongest candidates. For a summary of this TA, please see Table 7 below.

**Table 7. TA for Partner Staff, Consultant and Facilitator Recruitment Provided by CAP Mozambique in the Current Reporting Period**

Partner	Positions Filled	TA provided by CAP Mozambique
<b>CEDES</b>	District supervisors	<p>Start-up TA in recruiting and selecting qualified staff, including feedback on:</p> <ul style="list-style-type: none"> <li>• job description for each position</li> <li>• vacancy announcement</li> <li>• interview guide with its corresponding score sheet</li> <li>• Interview, scoring and selection process by committee.</li> <li>• report describing the recruitment process</li> </ul> <p>CAP Mozambique does not participate in interviews and selection.</p>
	Project Officer	
	Accountant	
<b>AJULSID</b>	Field Officers	
<b>CMA</b>	Field Supervisors	
	Driver and Logistics	
<b>Ophavela</b>	<i>Técnicos de HIV</i>	
	<i>Assistente de M&amp;E</i>	
<b>NAFEZA</b>	Consultant for community mobilization	
<b>ADPP</b>	Consultant for baseline evaluation	
<b>CCM-S</b>	Program Assistant	
	Accounting Assistant	
<b>Kukumbi</b>	Consultant to train associations on changing harmful social norms	
<b>AMME</b>	Consultant to train staff and facilitators on HIV prevention, human rights and gender	

CAP Mozambique observed significant programmatic benefit as a result of the TA CAP Mozambique provided in designing the facilitator recruitment process with Kukumbi and NAFEZA in the previous reporting period. This process included a high degree of community participation. Kukumbi and NAFEZA invited communities and leaders to perform initial facilitator selection, but used a graded test and interview to make final, more objective selections. Although more lengthy, this process created a level of trust between the community and the facilitators prior to implementation of activities in this reporting period. Parents were more comfortable with the facilitators, having played a role in their selection. Thus, compared to previous experiences with similar programs, parents were more willing to release their teenagers from chores to participate in the sessions, during which traditionally taboo subjects were discussed.

#### **f. Perform Technical Assessments**

In the current reporting period, CAP Mozambique conducted a baseline technical assessment for Ophavela. Please refer to Annex 12 for the results of this assessment.

## **2. PROGRAMMATIC TECHNICAL ASSISTANCE**

Through formative research and the project-design process, CAP Mozambique's Prevention partners identify the needs, beliefs, motivating factors and barriers of their target populations. CAP Mozambique provides programmatic TA to build partner capacity to implement effective HIV/AIDS prevention activities that respond to the needs, beliefs and barriers identified.

## **a) Improve Application of SBCC Model**

### **Social Mobilization**

Social mobilization trainings teach partners how to engage communities to create an enabling social environment for individual behavior change. In November, CAP Mozambique conducted social mobilization training in Quelimane for N'weti, NAFEZA, Kukumbi, AMME, and Ophavela. In addition, CAP Mozambique provided follow-up TA to the five Prevention partners that received this training in August 2012. In particular, CAP Mozambique provided TA to partners to incorporate discussion around gender and male norms into community meetings pursuant to needs identified through formative research.

Many of CAP Mozambique's Prevention partners created thoughtful models for social mobilization. NAFEZA's model is particularly notable. Together with community leaders, NAFEZA systematically analyzed formative research to identify *what* challenges the community was facing, *who* could foment change around these issues and *how* those individuals could be engaged. Based on this information, each group of leaders generated an action plan for his or her district, with the aim of conducting separate debate sessions for female and male decision makers reflecting the most relevant topics for each gender. This model generated a total of six community-based plans from NAFEZA's two target districts. A total of eight debates are planned to take place during the next reporting period.

In the current reporting period, CAP Mozambique staff identified two common challenges associated with the community mobilization process. First, at times partners failed to perform sustained follow-up to community mobilization, as they were focused on completion of debate sessions (which, unlike community mobilization activities, is directly related to a PEPFAR indicator). Second, partners reported occasional but powerful conflicts of interest between community leaders and the advocacy needed of those individuals (for example, a leader who profits from the sale of alcohol to minors).

### **SBCC Training and TA**

In the current reporting period, N'weti and Wits University continued to plan a CAP Mozambique-supported SBCC training consisting of five one-week modules, which will commence in the next reporting period. CAP Mozambique staff had planned to participate, but will decline in favor of investing more staff time in assisting partners to better align with evolving PEPFAR priorities. Additionally, in an effort to maximize resources, planned quarterly work sessions between SBCC specialist Lucia Kramer and CAP Mozambique staff have been replaced with TA provided remotely and tailored to the specific needs of individual staff members and the partners they support.

## **b) Improve Facilitator Performance**

To assist partners in improving facilitator performance, CAP Mozambique pursues a dual approach. First, CAP Mozambique provides significant TA to improve the quality of the initial overview training provided to each facilitator. This TA is summarized in Table 8.



**Table 8. CAP Mozambique Support to Initial Training and Monitoring of Facilitator**

	Approval TOR for trainer	Approval Trainer Selection	“Approval” Training Manual	Training Agenda Reviewed
<b>CEDES</b>	√	√	√	√
<b>AJULSID</b>	√	√	√	√
<b>AMME</b>	√	√	√	√

Second, CAP Mozambique provides training and TA to improve the quality of the coaching that supervisors provide to these facilitators. From experience, CAP Mozambique has learned that coaching is often as important as training in helping facilitators acquire new skills. Therefore, to improve facilitator facilitation skills, CAP Mozambique has chosen to train supervisors on how to coach facilitators to improve their facilitation skills, rather than only cascading training on facilitation.

In the current reporting period, CAP Mozambique partnered with the Health Policy Project (HPP) to create and conduct a supervisor facilitation coaching training with all Prevention partners except for N’weti, who did not require the training, and ECoSIDA, who is scheduled to receive it during the next reporting period. During follow-up TA visits, CAP Mozambique observed that supervisors from ADC, CCM-S and ANDA demonstrated improvement, while those from Kukumbi, Nafeza, Ajulsid, and AMME could further improve their coaching skills.

**c) Support partners to use data for decision-making**

CAP Mozambique’s November QPM (detailed in the *Organizational Development* component of this report) was devoted to data-based decision-making. Additionally, CAP Mozambique introduced improved supervisor evaluation forms to better identify and address challenges related to facilitator performance. Finally, through routine monitoring (detailed in sub-section 1d of the *Prevention Component* of this report) CAP Mozambique’s program and M&E teams provided partners tailored TA to analyze data and make programmatic decisions accordingly.

NAFEZA, Kukumbi, and ADC all observed low levels of male participation in sessions, and initiated conversations with stakeholders to understand barriers. With CAP Mozambique support, NAFEZA and Kukumbi analyzed data to confirm this observation, and began to formulate responses. In addition, ECoSIDA identified low participation levels in general and low levels of condom distribution, which CAP Mozambique will continue supporting them to address.

**d) Incorporate “Quebrando Barreiras” Films into Partner Activities**

In the previous reporting period, CAP Mozambique produced a series of four educational films, “*Quebrando Barreiras*,” to spur session discussion on sensitive topics related to HIV-infection risk and barriers to safe sexual behaviors. In the current reporting period, CAP Mozambique provided USAID, the U.S. Department of Defense, and all prevention partners with Portuguese language versions of the films, and trained partners in their use through the facilitation training outlined above. All Prevention partners have identified in which sessions they will incorporate the films, matching film and session themes. (See Annex 13 for an example of how ANDA has incorporated films into its session schedule). CAP Mozambique

also conducted research to identify the most appropriate screening equipment for each partner based on the context in which each works.

**e) Establish and Strengthen Linkages to the Formal Health Care System**

In previous reporting periods, CAP Mozambique Prevention partners have aimed to create demand among their beneficiaries for HIV testing and counseling (HTC), care and treatment services, and condoms. In the current reporting period, CAP Mozambique supported partners to more effectively link that *demand* creation with *supply*. As a result, CAP Mozambique Prevention partners demonstrated strong potential to contribute to PEPFAR scale-up of HTC and condom targets.

In the current reporting period, CAP Mozambique provided significant support to help Prevention partners establish, scale up, and/or more effectively track referrals to condoms and HTC services. This support was offered through two mechanisms: the February Quarterly Partners Meeting for all Prevention partners, which focused on referrals (detailed in the *Organizational Development* component of this report); and tailored TA for partners in Zambezia. In the latter, CAP Mozambique collaborated with Prevention partners to identify barriers and opportunities associated with linking to HTC and treatment services. As expected, Prevention partners identified well-established social, behavioral, and material barriers to both demand for and access to services. However, partners also identified and pursued promising opportunities. Chief among those was the opportunity to link to other PEPFAR partners already engaged in community-based service provision, thereby reducing HTC and treatment access barriers while capitalizing on pre-existing referral and tracking mechanisms.

In the current reporting period, CAP Mozambique pursued the opportunity to link CAP Mozambique partners with other PEPFAR partners by supporting Sofala-based ADC to collaborate with Population Services International (PSI). CAP Mozambique

*“PSI’s Counseling and Testing team considers the partnership with ADC very beneficial. It has particularly improved our ability to achieve our couples target, which has been a big challenge for our program in Beira”.*

*-Carmina Cuamba  
Counseling and Testing Program  
Population Services International,  
Mozambique*

supported ADC to engage PSI in providing on-site HTC immediately following ADC discussion sessions. ADC reported approximately 115 people were tested. Furthermore, PSI was also able to capitalize on ADC youth debate sessions to raise awareness about the benefits of voluntary medical male circumcision (VMMC), supporting demand creation for PSI’s VMMC clinic in Beira. In the next reporting period, PSI and ADC plan to offer HTC monthly to session participants, which both organizations expect to increase HTC participation. CAP Mozambique hopes to expand this model of collaboration between CAP Mozambique and other PEPFAR partners to N’weti, AMME, ECoSIDA, Kukumbi, and NAFEZA if budget permits. Furthermore, in the next reporting period CAP Mozambique would like to explore how Prevention partners can support treatment adherence, retention and/or “*busca activa*.” PSI follows up on the referrals to clinical services.

ECoSIDA independently performed on-site HTC with nearly 800 people between September 2012 and February 2013. Through an MOU with the Ministry of Health (MOH), ECoSIDA receives test kits and official referral/counter-referral forms to HIV care and treatment. However, ECoSIDA has encountered challenges effectively facilitating and tracking referrals

to treatment. In the next reporting period, CAP Mozambique will support ECoSIDA to refer to PEPFAR-supported CHASS SMT in Sofala and Manica, capitalizing on CHASS SMT's pre-established case-management and treatment-tracking systems.

CAP Mozambique's Zambezia-based Prevention partners are working to improve demand for and supply of condoms. These partners have agreed to do an analysis of their materials, matching sessions designed to increase condom demand with practical information about condom supply. In addition, these partners will map pre-existing public condom-distribution points, and if none exist seek to create MOUs with the Provincial AIDS Coordination Council (NPCS) for the creation of additional points.

Unfortunately, CAP Mozambique anticipates challenges with NPCS condom supplies, which partners report are insufficient and unreliable. As a result, several partners have already struggled to meet targets associated with this activity. In the next reporting period, CAP Mozambique will collect, further analyze, and share anecdotal evidence about condom stock-outs with USAID and discuss potential solutions.

Attempts to establish referral networks highlighted the need for, and current lack of, easily accessed information regarding other PEPFAR partners engaged in service provision – specifically *where* they are working, *what* they are providing and *how* CAP Mozambique partners can more effectively link with them. CAP Mozambique looks forward to working with USAID in the next reporting period to obtain and apply this information.

#### **f) Support Partners to Identify and Adapt Behavior Change Tools and Methodologies**

CAP Mozambique supports partners to identify and adapt appropriate methodologies. During this reporting period, CAP Mozambique provided TA to help ADPP incorporate SBCC concepts into the *Total Control of the Epidemic (TCE)* curriculum and CEDES to adapt the *Mudando o Curso do Rio* and *Tchova-Tchova* curricula.

#### **g) Improve Partner Capacity to Reduce Gender-Based Violence**

CAP Mozambique partners AMME, NAFEZA, Kukumbi, CCM-S, N'weti, and Ajulsid work with the Gender-Based Violence Initiative (GBVI), an activity supported by USAID and implemented by the Health Policy Project (HPP). In the previous reporting period, HPP developed capacity-strengthening plans for May-September 2012. In the current reporting period, HPP conducted a review and renewed these plans for 2013. CAP Mozambique coordinated this TA with partners.

In the previous reporting period, HPP conducted training on gender and GBV with CCM-S field staff and provided materials to guide the incorporation of GBV concepts into session manuals. During this reporting period, CAP Mozambique observed that CCM-S was not reporting on gender targets and discovered that CCM-S had not adequately adapted the session manuals. CAP Mozambique advised HPP staff who provided extensive follow-up TA to CCM-S to help supervisors more effectively prepare and oversee GBV sessions covering all five aspects of the GBV definition. In particular, the supervisors learned skills for managing lively discussions on GBV topics.

HPP also conducted refresher training with N’weti facilitators, providing on-site follow-up TA a week later. CAP Mozambique observed that supervisors tasked with training facilitators needed assistance in making GBV theory more accessible by presenting real-life examples and communicated this observation to HPP. CAP Mozambique provided follow-up TA to N’weti supervisors to determine how best to incorporate the five GBV concepts in the appropriate session content. N’weti trained facilitators on the expanded GBV session in February during the refresher training.

HPP supported CAP Mozambique in conducting two, one week workshops in Sofala and Zambezia to strengthen supervisor facilitation skills (discussed above in section 2b.) One objective of this training was to highlight thematic links to GBV in the *Quebrando Barrieras* films.

During this reporting period, CAP Mozambique recommended that USAID consider Ajulsid a GBV partner, replacing MONASO-S after its grant was terminated. USAID accepted the recommendation. CAP Mozambique will coordinate initiation of HPP TA with Ajulsid in the next reporting period.

### **3. COLLABORATION**

#### **a. Foster Exchange between Peer Organizations**

In the current reporting period, CAP Mozambique supported exchange visits for three Prevention partners (ANDA, ADC, and N’weti.) In October 2012, ANDA visited AMME to: 1) observe AMME’s facilitation skills; 2) discuss challenges faced by facilitators within sessions and the role of teachers during the sessions; 3) learn about AMME’s collaboration with school boards; and 4) observe AMME’s archiving system. As a result, CAP Mozambique staff observed improvement in all of these areas. In December 2012, ADC visited N’weti to observe N’weti’s facilitation skills and use of films to support debates.

N’weti visited Promundo in Brazil to learn how to more effectively secure male participation in health-promotion activities. Promundo emphasized the need to conduct extensive formative research as a critical pre-requisite to effective session recruitment and content development. Promundo also shared experiences relating to the promotion of sexual and reproductive health rights. N’weti found this work potentially applicable to the Mozambican context, where access to quality health care as a right has not yet been normalized.

In December, one staff member each from CAP Mozambique and ROADS participated in an exchange visit to the Bridge Project in India. The Bridge Project is an initiative funded by the Bill and Melinda Gates Foundation. It is led by FHI 360 and executed in partnership with the University of Manitoba (UoM). The project has scaled up HIV prevention approaches with key populations across India, including management of sexual transmitted infections (STIs) and Monitoring and Evaluation (M&E). The CAP Mozambique staff member learned about better tailoring SBCC interventions to key populations’ needs by integrating marketing principles and audience segmentation; new audience-centered, interactive communication materials; and PEPFAR indicator definitions. The staff member also visited drop-in centers that provided integrated HIV and STI prevention, care and treatment services. In the next reporting period, CAP Mozambique staff will share the experiences with ANDA.

## V. OVC COMPONENT

### A. HIGHLIGHTS: OVC COMPONENT

During this reporting period, CAP Mozambique and/or partners:

- Reached nearly 100% of the OVC annual targets
- Measured substantial capacity improvement in four OVC partners through follow-up technical assessments
- Supported AJN and Niiwanane in executing MOUs with government service providers and the private sector resulting from exchange visit with PCC partner Kugarissica
- Demonstrated effective advocacy skills resulting in 120 beneficiaries enrolling in school (Niiwanane)
- *Programa Para o Futuro* completed selection and initiated learning cycles with four concurrent groups for a total of 132 youth
- Modified Child Status Index (CSI) to include quantitative assessment for prioritizations of services and introduced the CSI to all OVC partners
- HACI successfully replicated community consultation training with six sub-partners
- Identified potential new OVC candidate ANDA and provided TA for project and budget development
- Supported well-performing OVC partners in providing TA to other CAP Mozambique partners (e.g., Niiwanane to AJN and HACI)

### B. SPECIFIC ACTIVITIES: OVC COMPONENT

#### 1. PROJECT CYCLE AND RESULTS MANAGEMENT

##### a. Identify New Partners

As of the end of March 2013, CAP Mozambique has 22 active grants of which seven are OVC partners. One partner, CCM – Z was terminated in March for performance issues. Two others, AJN and Rede CAME, had questionable performance and were terminated when it became necessary for CAP to prioritize partners due to budget constraints. Please see Table 9 below for a summary of this activity.

**Table 9. CAP Mozambique OVC Partners (Before and After April 30, 2013)**

	Sofala	Manica	Maputo	Zambezia	Nampula
<b>Direct</b>		ANDA*** Kubatsirana*		LDC	AJN* Niiwanane
<b>Umbrella</b>		HACI	HACI	CCM-Z**	
<b>Network</b>		Rede CAME*	Rede CAME*		

\* Due to budget constraints, CAP Mozambique will halt support to this partner after April 30, 2013

\*\*Due to performance issues, CAP Mozambique halted support to this partner as of March 12, 2013

\*\*\*Pending successful completion of project design and/or USAID approval

For a list of CAP Mozambique OVC partners as well as more information about these partners' scopes of work, please see Annexes 1 and 2 (Grant Agreement Status Chart and Partner Profiles).

#### New direct implementing partners

In the current reporting period, CAP Mozambique signed grant agreements with LDC and Kubatsirana, as well as provided ANDA with project and budget design TA. CAP Mozambique hopes to submit ANDA's award package for USAID approval in the next reporting period. For more information, please see the *Grants Component* of this report.

**Table 10. Potential OVC Partners identified through APS 11.02: Progress to Date**

	Proposal Received	Proposal reviewed	Selected for site visits	Pre-Award Site Visit Conducted	Selected for Project Design TA	Project Design TA	Award Packages Submitted for USAID Approval	USAID Approval Obtained	Agreement signed
<b>LDC</b>	Previous Period							Nov 2012	Nov 2012
<b>Kubatsirana</b>	Previous Period						Oct 2012	Oct 2012	Jan 2013
<b>Round 2 UTOMI</b>	Previous Period				<b>NOT SELECTED</b>				
<b>Round 3 ANDA</b>	Oct 2012	Oct 2012	Nov 2012	Nov 2012	Dec 2012	Feb 2013	Next Period		

#### New sub-grantees and sub-partners

In the current reporting period, CAP Mozambique supported CCM-Z to finalize project and budget designs and prepare agreements for two potential sub-grantees. In addition, CAP Mozambique supported Rede CAME to finalize six sub-partner activity plans.

On March 12, 2013, CAP Mozambique discontinued support to CCM-Z for performance reasons. CCM-Z continued to experience challenges with recruitment and retention of key staff as well as with financial and sub-grant-management capacity. Additionally, CAP Mozambique was concerned about Rede CAME's support for its sub-partners, even though the sub-partners were implementing and demonstrated a strong desire to learn. When forced to prioritize its partners, CAP felt the investment in Rede CAME was not justified and decided to discontinue support to Rede CAME after April 30, 2013. Support to Rede CAME's three Manica-based sub-partners will be discontinued; HACI will assume management of the three Maputo-based sub-partners. CAP Mozambique has facilitated preliminary negotiations between Rede CAME and HACI to promote continuous service provision to beneficiary populations and minimize operational disruption during the transfer process. In the next reporting period, CAP Mozambique will provide TA to HACI to adopt these new partners, and adjust to providing direct TA rather than issuing sub-grants.

## b. Develop Annual Workplans and Budgets

In this reporting period, CAP Mozambique provided TA for workplan development to five partners. Of those five, CAP Mozambique finalized the workplans of three (Kubatsirana, LDC, and Niiwanane). CAP Mozambique stopped the workplan process with CCM – Z and Rede CAME after deciding to terminate these partners.

In the current reporting period, CAP Mozambique encouraged OVC partners to solicit stakeholder feedback prior to year two or three planning. Niiwanane solicited feedback from *activistas*, supervisors, and board members. As a result, Niiwanane's year two plan includes greater engagement of community leaders and an additional *activista* supervisor.

## c. Provide Start-up Support for New Partners

In the current reporting period, CAP Mozambique provided new grantees TA in start-up, which includes the GMWs described in the *Grants Component* of this report, TA in recruiting and selecting strong staff and *activistas*, and developing the supervisory systems necessary to ensure quality program delivery.

**Table 11. Post-Award Support for OVC Partners**

Partners	GMW I - Review Award Instrument	GMW II - Financial Reporting	GMW II - M and E	Start-up -- TA in Recruiting and Selecting qualified staff	Training Staff and Field Team	Start-up TA in Procurement	Field Activities Initiated
Kubatsirana	Nov 2012	Nov 2012	Dec 2012	Mar 2013	Next Period		
LDC	Nov 2012	Nov 2012	Jan 2013	Jan 2013	Jan 2013	Jan 2013	Next Period
AJN*	FY12	FY12	Jan 2013	FY12	FY12	FY12	Feb 2013

*\*Further support discontinued due to funding constraints*

## d. Support Partner Work Plan Implementation and Reporting

In the current reporting period, CAP Mozambique continued to routinely monitor partner implementation progress through regular field visits and quarterly, internal, partner-specific coordination meetings. CAP Mozambique program and M&E staff focused monitoring visits with OVC partners, particularly on the application of CSI tools and follow-up plans of action, the analysis of data for programmatic decision-making, and follow up TA to capacity gaps identified through previous technical assessments. For umbrella grants, routine monitoring visits focused on how to manage and provide TA to sub-grantees.

In addition, CAP Mozambique continued to provide TA to all OVC partners to improve their capacity to effectively report program and financial information and provided written feedback on every partner's quarterly report.

Through routine monitoring, CAP Mozambique program staff observed increased partner capacity in several critical areas. Generally, OVC partners with whom CAP Mozambique has been working for more than a year are consolidating skills. For direct implementers, this has translated to improved ability to reach targets and better address the needs of beneficiaries. For umbrella partners, this has resulted in an improved ability to provide programmatic TA to sub-grantees. HACI and Niiwanane have made particular progress, exhibiting greater confidence in their technical competencies, as well as a deeper understanding of OVC programming and how to apply MMAS standards. In addition, Niiwanane has demonstrated great improvement in advocacy skills, as is demonstrated by the success story in Section 12 of this report. Consequently, in the current reporting period Niiwanane surpassed its OVC service delivery target, and HACI sub-grantee Re-encontro successfully applied project-design skills in a proposal to obtain USAID funding. CAP Mozambique also observed challenges. New partner AJN struggled greatly with adequate financial management capacity despite having received TA.

#### e. Support Partner Human Resources Recruitment

The ability to recruit and manage qualified human resources is important for an organization's sustainability and growth. In the current reporting period, CAP Mozambique provided technical support to partners in developing and implementing transparent, competency-based recruitment processes for staff, consultants, and *activistas* that resulted in selection of the strongest candidates. For a summary of this TA, please see Table 12 below.

**Table 12. CAP Mozambique Support to Partner Staff Recruitment**

Partner	Position	TA provided by CAP Mozambique
<b>CCM-Z</b>	Coordinator Grants Manager	TA to reapply tools developed with CAP Mozambique assistance in previous reporting period
<b>AJN</b>	Finance Position	Finance Team provided assistance during the recruitment and selection process and reviewed the CV of the final candidate since this was the third person in this position.
<b>LDC</b>	Project Manager	TA for job advert, interviewing tools and evaluating competencies
<b>Kubatsirana</b>	Project Manager HBC Consultant District Coordinator	TA for job advert, interviewing tools and evaluating competencies

CAP Mozambique routinely provides TA to the *activista* recruitment process. This support is summarized in Table 13. Additionally, in the current reporting period, CAP Mozambique provided HACI with the necessary TA to support sub-grantee *activistas* recruitment.

**Table 13. TA for Partner *Activista* Recruitment provided by CAP Mozambique in the Current Reporting Period**

	Identify <i>Activista</i> Profile	Develop Job Description	Finalize Transparent Selection Process
<b>AJN</b>	Nov 2012	Nov 2012	Jan 2013
<b>LDC</b>	Mar 2013	Mar 2013	Next Period
<b>ANDA*</b>	Next Period		
<b>Kubatsirana</b>			
OVC	Feb 2013	Feb 2013	Next Period



HBC	Feb 2013	Feb 2013	Next Period
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*\*Pending USAID approval*

During the current reporting period, CAP Mozambique observed clear programmatic benefit from developing project-specific *activista* profiles. The process of profile development clarified *activista* roles and responsibilities, and enabled team members to better understand how each member (*activistas*, supervisors, and partner staff) contributes to results.

#### **f. Perform Technical Assessments**

In the current reporting period, CAP Mozambique conducted initial technical assessments with LDC and Kubatsirana, and follow-up assessments with Niiwanane, HACI, and Rede CAME. Through LDC's assessment, CAP Mozambique identified technical weaknesses with proposal design, the community consultation process, methodologies of working with *activistas*, M&E, OVC needs assessment, and interpersonal communication skills. Through Kubatsirana's assessment, CAP Mozambique identified that the grantee needs assistance adapting HBC tools and training to an OVC setting, that its community consultation tool is not clearly linked to MMAS minimum standards, and that many staff members do not have a clear understanding of their roles vis-a-vis overall project objectives and targets. Furthermore, CAP Mozambique identified technical weaknesses related to M&E and the OVC needs assessment.

CAP Mozambique also conducted follow-up technical assessments with HACI, Rede CAME, CCM-Z, and Niiwanane, and measured considerable improvements in capacity as a result of the intensive TA provided. For more information, please refer to *Project Performance Indicators* section. In regards to HACI and Niiwanane, the follow-up technical assessments were also used to plan TA for the remainder of their awards with CAP Mozambique.

In the next reporting period, CAP Mozambique will provide TA to HACI to develop comprehensive technical-assessment tools for use with sub-grantees. Support of this nature for CCM-Z has been cancelled due to termination.

## **2. PROGRAMMATIC TECHNICAL ASSISTANCE**

### **a. Support Community Consultations**

In the current reporting period, CAP Mozambique conducted community consultation training with LDC, which involved focus group discussions with community leaders to develop selection criteria for family identification, as well as family assessments to identify priority needs at the family level. In addition, CAP Mozambique provided TA to Kubatsirana to adapt community consultation tools for its program.

In the current reporting period, HACI replicated previous community consultation TA with its sub-grantees. In October and November 2012, HACI trained six sub-grantees in community consultation. CAP Mozambique observed HACI's first training to assess uptake of knowledge and skills, finding the results commendable. CAP Mozambique also monitored HACI sub-grantees' community consultations with similar results.

## b. Improve *Activista* Performance

*Activistas* are the first line of interface between direct implementer OVC partner organizations and beneficiary populations. *Activista* effectiveness is therefore critical to the success of program implementation. To improve *activista* performance, CAP Mozambique pursues a dual approach. First, CAP Mozambique provides significant TA to improve the quality of the initial training provided to each *activista*. This TA is summarized in Table 14. CAP Mozambique assisted Rede CAME in adapting its child rights manual to better address the needs and educational level of *activistas* and employ better adult learning techniques.

**Table 14. CAP Mozambique Support to Initial Training and Monitoring of *Activistas***

	Provide generic training package	TA to adapt training package	Approve Final Training Package	Monitoring Training
Kubatsirana	Next Period			
AJN	Nov 2012	Dec 2012	Jan 2013	Feb 2013
Niiwanane	Previous Period			
LDC	Mar 2013	Mar 2013	Next Period	
HACI*	Jan 2013	N/A	Feb 2013	N/A
Rede CAME	Oct 2012	Oct 2012	Oct 2012	Nov 2012

\*These dates are those for HACI training of sub-grantees. Sub-grantees then train *activistas*.

Second, CAP Mozambique facilitated Niiwanane's support to AJN to conduct *activista* training activities. CAP Mozambique had identified Niiwanane's high training capacity, and AJN lacked confidence in its own training skills. AJN developed TORs to define its needs and engage Niiwanane, successfully applying previously acquired TOR-development skills. Niiwanane effectively replicated CAP Mozambique coaching techniques with AJN as AJN conducted its first *activista* training. AJN successfully performed subsequent trainings independently.

In the current reporting period, CAP Mozambique also provided TA to improve specific areas of *activista* performance: application of the Child Status Index (CSI) and follow-up action plans, interpersonal communication skills, and ability to refer beneficiaries to services. This support is detailed below.

### Data-based decision making

In the current reporting period, CAP Mozambique introduced improved supervisor evaluation forms. Please see Annex 14 for a copy of the OVC partners' *activista* supervision tool. The tool has proven useful, particularly for Niiwanane which promptly identified and addressed capacity needs for its field-level volunteer staff. Niiwanane's supervisors have reported that regular supervision using the forms has resulted in improved *activista* performance and service delivery to OVC.

### Child Status Index (CSI) Application and Reporting

In the current reporting period, CAP Mozambique met with PCC to exchange experiences regarding CSI utilization with OVC, adapted and piloted the CSI tool, and provided training and TA to partners to improve CSI application and follow-up action plans. CAP Mozambique's most significant modification to the CSI aims to generate basic quantitative data to assist with needs prioritization and ultimately monitor change. (Please see Annex 15

for a copy of CAP Mozambique's CSI tool). HACI subsequently trained its sub-grantees on the CSI tool.

CAP Mozambique anticipates partners will be able to apply the CSI, but may encounter challenges applying its quantitative aspect, and using the resultant data to craft realistic, prioritized follow-up action plans. CAP Mozambique will closely monitor the application of the CSI with all partners and assist to overcome these potential challenges.

#### Improve *Activista* Interpersonal Communication Skills

In the next reporting period, CAP Mozambique will provide interpersonal communication and psycho-social support (PSS) training to OVC partners.

#### Referral Networks

As a result of a CAP-supported exchange visit with PCC in the last reporting period and continued TA to support referrals in the current reporting period, Niiwanane and AJN have made solid progress improving referral systems. With CAP Mozambique support, AJN successfully mapped potential referral partners and created MOUs with the National Institute for Social Action (INAS) to gain access to social grants, and Odebrecht (a Brazilian engineering and construction firm) for material support, including toys, clothing, and computers. Odebrecht was very receptive to the relationship, as it had struggled to identify the neediest (vs. most well-connected) families and highly regarded AJN's objective, methodical approach. Niiwanane has mapped service providers in the geographic areas within which it works, is in the process of adopting FHI 360's referral forms, is finalizing an MOU with DPMAS for PSS, and is planning to create MOUs with additional service providers in the next reporting period.

Niiwanane demonstrated particular improvement in developing advocacy and negotiation skills. This skill is highlighted by the success story included in Section 12 of this report. Additionally, Niiwanane successfully advocated with school committees to eliminate matriculation fees for its beneficiary children, enabling more than 120 children to enroll in school. Upon identifying that numerous beneficiary children were blocked from matriculating or re-matriculating into school due to fees and/or extensive, expensive paperwork to avoid those fees, Niiwanane negotiated exemptions with school committees and community leaders that enabled its beneficiaries to enroll in school. Because Niiwanane beneficiaries are identified in partnership with community leaders through the community-consultation process, there is a common understanding that these children inherently qualify for poverty-based entitlements, such as a waiver of matriculation fees. This example illustrates the powerful role community consultation can play in establishing a foundation for subsequent advocacy and policy-change efforts.

During the February QPM, Niiwanane and AJN shared their experiences with other CAP Mozambique partners, with the expectation that these experiences will inspire them to adopt similar approaches to better meet the needs of their beneficiaries. In the next reporting period, CAP Mozambique will support all remaining OVC partners to create and/or expand referral systems.

### **c. Improve Partner Capacity to Reduce Gender-Based Violence**

CAP Mozambique OVC partners HACI and Rede CAME work with the Gender-Based Violence Initiative (GBVI) supported by USAID and implemented by the Health Policy Project (HPP). In the previous reporting period, HPP developed capacity-strengthening plans for May-September 2012. In the current reporting period, HPP conducted a review and renewed these plans for 2013. CAP Mozambique's involvement was limited to coordination of logistics of this TA with partners.

In the current reporting period, CAP Mozambique requested support from HPP to better apply GBV concepts to OVC partner programming, specifically those aspects related to direct assessment of and service provision to children. As a result, HPP conducted a two-part analysis, creating a resource guide and presentation. First, HPP researched evidence-based best practices internationally. Second, HPP examined Mozambican laws protecting children and women against gender-based discrimination and GBV. HPP presented findings at the CAP Mozambique OVC partner QPM in February. In addition, CAP Mozambique organized and participated in a separate TA session lead by HPP for Rede CAME to apply this information to Rede CAME's programmatic activities.

In the next reporting period, CAP Mozambique and HPP will duplicate this exercise with HACI. Furthermore, CAP Mozambique will work with HPP, HACI and USAID to find ways to ensure that these activities can be measured and contribute toward PEPFAR GBV targets.

In the current reporting period, HPP also trained Rede CAME staff in GBV concepts in anticipation of subsequent *activista* trainings. Since the Rede Came grant is being terminated, these trainings have been cancelled.

## **3. COLLABORATION**

### **a. Foster Exchange among Peer Organizations**

Though no CAP Mozambique OVC partners participated in formal exchange visits during the current reporting period, CAP Mozambique created peer-learning experiences. As described above, Niiwanane and AJN made significant progress establishing referral networks as a result of their exchange visit with another FHI 360 partner in the previous period. Additionally, in the current reporting period Niiwanane provided TA to AJN for *activista* training as previously described. Finally, CAP Mozambique invited PCC partner Kugarissica to present its experience with referral networks at the February QPM. This is further detailed in the *Organizational Development Component* of this report.

PPF-MZ partner ASF participated in the February QPM and training on *Associativismo*. CAP Mozambique will continue to include ASF in its collective capacity-building efforts. PPF-MZ's second partner, ADC, already participates as a Prevention partner.

## **4. PROGRAMA PARA O FUTURO – MOZAMBIQUE (PPF-MZ)**

In the current reporting period, PPF-MZ and/or sub-partners:

- Helped enroll 43 out of 47 youth who were not enrolled in school when the program began

- Held a three-week workshop to train learning facilitators
- Selected facilitators, *Universidade Pedagogica* (UP) interns, and junior facilitators
- Met with local government leaders and CBOs to prepare for the next learning cycle
- Selected youth and met with family members
- Started learning cycle
- Supported youth and caregivers to receive services to meet the government's minimum standards for OVCs
- Conducted the baseline monitoring study for this group of youth.
- Trained project coordinator and selected and trained new coordinator for outreach and partnerships
- Met with other projects (PCC, PSI, CNCS, UP) to provide coordinated services to the youth
- Supported strengthening of the two NGO grantees, ASF and ADC, and their partner community-based organizations (CBOs)

#### **a. Select NGO and CBO Implementers**

In the previous reporting period, PPF-MZ selected *Auxilio Sem Fronteiras* (ASF) and *Associacao de Fomento de Desenvolvimento Comunitario* (ADC) as implementing partners. In the current reporting period, PPF-MZ worked with ASF and ADC, and identified an additional sub-partner CBO, Kugarassica. Kugarassica, a PCC partner, is already working with youth to provide basic services in accordance with MMAS minimum standards.

#### **b. Prepare Second Learning Facility**

PPF-MZ finalized the agreement for and equipped the classroom. The *Universidade Pedagogica* (UP) also has provided a small room for PPF-MZ facilitators to use as a workspace and meeting room.

#### **c. Conduct Learning Facilitators' Preparation Workshop**

In the current reporting period, PPF-MZ conducted a three-week Learning Facilitators' Preparation Workshop (LFPW). The workshop was designed to help new members understand the context and objectives of the project, experience the learning methodology first-hand, and develop the skills to use PPF-MZ principles and tools to implement interdisciplinary Project-Based Learning (PBL) projects with the program's youth. Except for the PPF-MZ staff and the junior facilitators, all participants were new to PPF-MZ and the PBL approach.

To help participants better understand what skills the program needs to impart to participants, PPF-MZ had workshop participants carry out interviews with individuals in the target communities and employers in Beira. These interviews enabled the participants to understand the most important characteristics employers are looking for in youth, and the skills the youth will need to develop during their time with PPF-MZ. Interestingly, teamwork and communications--two principle skills building areas of PPF-MZ--were the skills most frequently cited by employers as needed. In addition, to help workshop participants better understand the importance of and challenges associated with achieving gender balance, facilitators photographed workshop participants engaged in workshop activities. The photographs demonstrated that the men within the group were usually the ones using the

computer, signaling their domination within the group. This generated a rich discussion on the importance of gender balance.

PPF-MZ decided to use the workshop as part of the facilitator selection process. PPF-MZ trained twice as many learning facilitators as currently needed, in order to provide an opportunity to observe each candidate's performance and to create a pool of trained facilitators. The workshop also benefited from having the junior facilitators participate since they could describe the learning program from their own perspectives (See the *Giving Back* Success Story in Section 12 of this report).

### **c. Recruit and Retain Key Staff**

PPF-MZ staff experienced several changes during the current reporting period. The Project Coordinator, Mendonca Nareia, was hired in mid-September and was trained by FHI 360 home office staff over two weeks in early October. He was able to quickly take over project leadership and has been instrumental in outreach with government officials, as well as collaboration and capacity building with the NGOs and their sub-partner CBOs.

Unfortunately, the Partner and E-mentoring Coordinator decided to leave the project in mid-October resulting in a vacancy in the position for several months. PPF-MZ hired Dalte Soberano for the position. Dalte has extensive experience with the private sector, knowledge of local NGOs, and experience with project-based learning, NGO capacity building, OVCs and HIV/AIDS prevention. With this position filled, the project is accelerating work on e-mentoring.

### **d. Establish Baseline for Monitoring and Evaluation**

PPF-MZ developed a monitoring-and-evaluation plan that includes conducting a survey of all participating youth. The survey is designed to assess the following: socioeconomic and educational status; understanding of job search processes, basic finances, information technology and reproductive health; and participant attitudes about and visions for their futures. PPF-MZ also conducted focus group interviews with youth, parents, and facilitators. Focus groups findings indicated that although the youth had little knowledge of the type of jobs they are eligible for in the formal sector, they understood the importance employers place on soft skills such as respect, willingness to learn and the way employees communicate with each other.

### **e. Engage Government**

To build government buy-in and engagement, PPF-MZ engaged the Provincial Directorate of Women and Social Action (DPMAS) and the District Office of Women and Social Action (SDMAS) in the youth selection process. As a result, PPF-MZ and the NGOs secured authorization from the Munhava municipal council to begin the selection process, identified a point person in DPMAS to support the project, and had fruitful discussions with DPMAS regarding how to identify and define "vulnerability" and how to identify service providers at the local level. Securing government participation in this process took time but has had significant benefits and will continue to bear fruit in the future.

## **f. Select Youth Participants**

In the current reporting period, PPF-MZ, ADC, and ASF staff worked with the four sub-partner CBOs to agree on the selection process. The selection process consists of several phases: 1) candidates fill out a form to provide eligibility information consistent with the *Plano de Atendimento a Crianças Orfas e Vulveravies (PACOV)*; 2) candidates take a reading and writing test; 3) staff members interview youth; and 4) family visits are held to verify data and eligibility. Through the selection process, 132 youth were selected out of a total of 234 applications. Sixty percent of the selected youth were girls.

## **g. Initiate Learning Cycle**

PPF-MZ launched the learning cycle in December 2012, with classes beginning shortly thereafter. The first months emphasized: 1) the acquisition of basic IT skills; 2) learning how PPF-MZ functions (understanding the concept of projects, managing classroom resources, research skills, and public presentations); 3) improving life skills (personal hygiene, budgeting, defining individual objectives, understanding collective and individual responsibility); and 4) initiating the “Who Am I” project which uses video, writing, and audio to enable youth to reflect on their interests, skills, and identities. To build employability skills, PPF-MZ focused on working in teams, learning about how professionals interact with each other and applying those practices in the classroom, researching labor-market demand, and demonstrating multiple means of communication. Other projects focused on nutrition, improving literacy, gender, and gender in the workplace. The youth also had their first visits to companies in Beira.

Youth also engaged in information exchanges with peers from other communities to support replication of learning. Each youth is expected to share his or her experience with four others. The youth found the information exchanges to be a positive experience and believe they can have a positive influence on their communities through the process of sharing. Another strategy to support replication has been the participation of *activistas* in the classroom. This participation enables *activistas* to better support replication in the communities, and it builds their knowledge of the PPF-MZ curriculum and project-based learning.

In addition, PPF-MZ held a meeting with the caregivers and family members to orient them to the program and engage their support of the youth. One issue that was raised was a request from the caregivers for support to ensure that all the youth were able to register for school as discussed below.

In general, the learning program has functioned smoothly. Dynamic facilitators created an engaging learning environment. However, several youth accepted into the program did not continue, some had reduced attendance, and others were presenting difficulties in the classroom. The facilitators and *activistas* visited the youth or caregivers to determine the reasons for their absences or to address individual issues. In some cases, the facilitators were able to address the specific challenges; however, nine youth have dropped out: three moved to other cities, one had a conflict with education, two became pregnant or had parental obligations, one wanted to focus on becoming a musician, and one experienced conflicts with school schedule. PPF-MZ was unable to determine the reason for one of the youth’s decision not to participate.

## **h. Work on Minimum Standards**

During the current reporting period, PPF-MZ added a component to work with the CBOs and NGOs to help the youth and their caregivers receive basic services consistent with MMAS minimum standards. Kugarassica has done the most in this area, since it has been providing this support under the PCC project. Kugarissica's *activista* has met with the families of all 22 PCC- supported youth to determine their needs. One of the PPF-MZ youth received a basic needs basket (*cesta basica*) that was provided by another NGO SOS. PPF-MZ has developed a partnership with UP which has enabled youth to receive low-cost health care. Five PPF-MZ youth were referred to the UP health center and received treatment during this period.

One particular focus of the work on providing quality care was to make sure all PPF-MZ youth are in school. Forty-seven of the PPF-MZ youth were not enrolled in school when the program began. PPF-MZ staff have worked to secure enrollment for 43 of these youth. See the Success Story—Helping PPF-MZ Youth Continue Their Education in Section 12 for more information on this support.

## **i. Strengthen Institutional Capacity**

Institutional strengthening of ASF and ADC has been in several areas. In the programmatic area, the NGO staff members have been learning the PPF methodology through participation learning facilitator workshop and through the day-to-day work in the classroom. In the financial area and administrative area, they are building capacity in financial management and CAP Mozambique procedures for grant management. ASF, a new CAP grantee, has also received additional support in organizational development through CAP Mozambique workshops. Formal training was provided through the following events:

- CAP Mozambique trained the ASF coordinator and financial assistant to complete CAP subgrant financial reports
- Three ASF members participated in a CAP Mozambique *Associativismo* workshop; as a result, each association reviewed internal management structures and the functioning of governing and executive bodies
- Two PPF-MZ facilitators, one from each NGO, participated in the CAP Mozambique February QPM focused on OVCs
- Two facilitators (one senior and one junior) received training provided by FHI 360 in Gender and Child Protection. The training was held at the provincial level with representatives of the government, DPMAS, district representatives of CBOs and the Cabinet for Victims of Violence (*Gabinetes de Vitima de violência* (GVV) and religious leaders
- TA from CAP staff in addressing a sensitive conflict of interest issue internal to one of the CBOs

PPF-MZ also organized a meeting on March 22 with CBOs and public institutions that work with OVCs in Beira. The purpose of the event was to disseminate information about the project, with a focus on project-based learning, and to map work being done by other CBOs. Twenty-five CBOs and public institutions from Beira participated, including the Red Cross and INAS/DPMAS.



## **j. Collaboration**

As part of the work with CBOs, PPF-MZ and Kugarassica are planning to implement an activity to engage PPF-MZ graduates, and potentially current PPF-MZ youth, in a business to grow and sell plants. This project is being discussed with the District Council for Youth and will be funded through PROJOVEM with 100,000 Mts in credit over five years. *Organização Juvenil Contra Droga* (OJCD) is preparing a proposal for PSI JEITO to train 30 *ativistas* in public health, sanitation, and HIV/AIDS. The goal is to have these *ativistas* support the communities where the PPF-MZ youth live. Both organizations have at least weekly meetings with PPF-MZ, and the *ativistas* are encouraged to participate in at least one learning session a week in addition to their regular home visits. PPF-MZ has also met with a number of other projects, including PCC, the PSI JEITO project, the coordinator for the *Núcleo Provincial de Combate ao SIDA* (CNCS), and UP to build other partnerships.

## **k. Preparation for Internships and E-mentoring**

PPF-MZ has sent letters to 42 public and private institutions to seek internships and e-mentors. To date, PPF-MZ has had positive responses from the following institutions: CFM, TDM, *Direcção Provincial de Turismo*, INEFP, YOUNG AFRICA and others. PPF-MZ also held a meeting with leaders of these institutions to explain the internships and mentoring to the organizations. PPF-MZ has also maintained contact with 14 mentors who are interested in working with the PPF-MZ youth.

PPF-MZ is working with ADE Brasil to receive guidance on the e-mentoring program. ADE Brasil suggested using an educational portal developed by an organization in Brazil for the e-mentoring. By using this portal, PPF-MZ can monitor communication among mentors and PPF-MZ youth to enhance on-line security.

## **l. Principle Challenges to be addressed**

- Improving use of project-based learning
- Expanding the number of mentors and ensure active participation
- Identifying sufficient number of internships
- Supporting continued development of

# **VI. CARE AND TREATMENT COMPONENT**

## **A. HIGHLIGHTS: CARE AND TREATMENT COMPONENT**

During this reporting period, CAP Mozambique and/or partners:

- Reached twice the target to which ANEMO committed
- Demonstrated narrative and financial reporting capacity growth, evidenced by rapid close-out of ANEMO's award

## **B. SPECIFIC ACTIVITIES: CARE AND TREATMENT COMPONENT**

### **1. PROJECT CYCLE AND RESULTS MANAGEMENT**

#### **a. Identify New Direct Implementing Partners**

None of the partners selected through APS Round 3 were focused on home-based care, as was hoped. However, CAP Mozambique did support OVC partner Kubatsirana, which has extensive HBC experience, to include an HBC component in its proposal.

#### **b. Develop Workplans and Budgets**

In the current reporting period, CAP Mozambique provided TA to IBFAN to support the development of a year two workplan and budget, which will be finalized in the next reporting period. As part of this activity, CAP Mozambique assisted IBFAN in analyzing achievements toward targets. Consequently, IBFAN identified that it was not reaching one of its targets and adjusted its year two plan to scale up related activities. CAP Mozambique also encouraged IBFAN's finance and program teams to jointly craft a year two budget. This collaboration resulted in a year two budget that more accurately reflects programmatic planning.

Additionally, CAP Mozambique provided ANEMO with support to finalize its seven-month cost-extension proposal, which was submitted to USAID for approval in February 2013. CAP Mozambique also provided TA to ANEMO to close out its current project. ANEMO submitted a final project report in March 2013, and began implementing the seven-month cost-extension project shortly thereafter.

#### **c. Support Partner Workplan Implementation and Reporting**

In the current reporting period, CAP Mozambique continued to routinely monitor partner implementation progress and to provide TA to IBFAN and ANEMO to improve reporting skills. Activities focused on improving partner capacity to effectively report program and financial information. CAP Mozambique's M&E team conducted quarterly data-verification visits.

In the past, ANEMO faced challenges in reaching its targets, resulting in frequent no-cost extensions. Through routine monitoring and TA, CAP Mozambique supported ANEMO to plan activities more strategically so that the organization is better able to adhere to timelines. During this reporting period ANEMO surpassed its targets. ANEMO also demonstrated improvement in financial and narrative reporting capacity, facilitating a rapid closeout of its previous project.

#### **d. Contribute to Partner Graduation Evaluation**

CAP Mozambique believes that ANEMO's improvements in planning and reporting (outlined above) are partly attributed to the feedback ANEMO received through its previous graduation evaluation. ANEMO did not pursue a stronger advocacy role with central level health authorities, as was recommended in the graduation evaluation. However, ANEMO advocated for improved linkages between community –based organizations and clinical service

providers through supervisory visits. The new extension provided an opportunity for CAP Mozambique to provide support to strengthening ANEMO's advocacy with MISAU, but these activities have been removed from ANEMO's year two workplan due to limited funding.

## **2. PROGRAMMATIC TECHNICAL ASSISTANCE**

Through routine monitoring and annual workplan development, CAP Mozambique identified several areas in which IBFAN and/or ANEMO would benefit from additional technical capacity.

### **a. Improve Supervisor and *Activista* Performance**

#### **Improve *Activista* Recruitment for Health Trainer Certification Training**

In the previous reporting period, ANEMO encountered challenges meeting training targets, as the organization failed to effectively recruit *activistas* to participate in those trainings. As described above, in the current reporting period CAP Mozambique provided support to ANEMO to plan activities more strategically. As a result, ANEMO trained twice the number of people as targeted for accredited TOTs, ultimately training 88 HBC trainers.

### **b. Establish and Strengthen Linkages to the Formal Health Care System**

Both ANEMO and IBFAN benefitted from PCC's presentation at the February QPM focused on referral networks. As previously reported, CAP Mozambique advised ANEMO to link those CBOs with trained trainers and *activistas* to clinical services within their geographical regions. Through supervisory visits, ANEMO reports having improved coordination between community-based service providers and health facilities by promoting more active involvement of district focal points, and proper use of referral forms. ANEMO reports that these changes have resulted in better patient care. CAP Mozambique observed that ANEMO has mostly worked with PEPFAR-supported international NGOs providing HIV care and treatment related services. CAP Mozambique will continue to advise ANEMO to include local NGOs as well. While ANEMO is reporting on referrals generally, it is not correlating those referrals to its trainings. In the next reporting period, CAP Mozambique will assist ANEMO to include the importance of referrals in its training.

While IBFAN is conducting referrals, the organization is currently not reporting on those referrals in a systematic manner. In the next reporting period, CAP Mozambique will support IBFAN to better track and report on referral activities, potentially through application of FHI 360 referral forms.

### **c. Improve Use of M&E Tools**

In the current reporting period, CAP Mozambique identified that IBFAN had issues with data flow and verification, and provided TA to IBFAN to improve data verification across various level of data collection and reporting. CAP Mozambique also provided TA to ANEMO on M&E to improve data collection.

### **d. Improve application of Infant and Young Child Nutrition Tools**

As part of the facilitation training planned for next period and described above, CAP Mozambique will incorporate content designed to improve IBFAN supervisor skills to train *activistas* how to conduct mother-to-mother support groups.

### **3. COLLABORATION**

#### **a. Foster Exchange between Peer Organizations**

At the November QPM, IBFAN presented learning from the network-focused exchange visit with IBFAN Brazil. Additionally, in the current reporting period, IBFAN held discussions with its Board of Directors and ANSA, to determine follow up to its visit to Brazil. Discussions focused on the need to strengthen IBFAN Mozambique's ability to function as a network.. IBFAN has asked CAP Mozambique's OD team for support strengthening the features and function of its network. In the next reporting period, CAP Mozambique will evaluate its capacity to provide this support and will do so if possible.

ANEMO continues to collaborate with MISAU and others to finalize the HBC training manual. Once the HBC training materials are finalized, CAP Mozambique expects that USAID will support ANEMO directly to adopt the materials. Currently, CAP Mozambique's intent is to focus on implementation with current materials and supervision visits to improve referrals.

## **VII. MONITORING AND EVALUATION COMPONENT**

### **A. HIGHLIGHTS: M&E COMPONENT**

During the current reporting period, CAP Mozambique and/or partners:

- Created a database for OVC partners to promote accurate data collection and reporting of complex indicators
- Conducted data-verification exercises with three partners
- Signed a subcontract with an entity to conduct the CAP Mozambique's midline evaluation
- Trained all CAP Mozambique partners in using qualitative data to inform decision-making
- Measured demonstrated improvement in monitoring capacity in four OVC partners as a result of technical assessment
- Commenced reporting contribution to the GBV Indicator #1

## **B. SPECIFIC ACTIVITIES: M&E COMPONENT**

### **1. TECHNICAL ASSISTANCE TO PARTNERS IN M&E**

CAP Mozambique continued to provide all partners TA to ensure improved data collection and quality data reporting. Additionally, at the November 2012 QPM, the M&E Team led a three-day participatory session on ‘Using Qualitative Data for Decision Making’, which helped partners apply the theory of decision-making to their own projects. More details about this training are located in the *OD Component*.

#### **a. Post-Award M&E Training**

In the current reporting period, the M&E Team facilitated post-award M&E Training with five partners (OPHAVELA, AJN, KUBATSIRANA, LDC, and CMA). Following training, each of these organizations received comments on their M&E plans and tools, resubmitted final documents, and received approval of these documents.

#### **b. OVC Reporting**

In the current reporting period, four OVC partners reported on OVC PEPFAR targets. In anticipation of OVC reporting challenges, which include potential duplication of counting from one reporting period to another and confusion around numbers of children serviced vs. number of services provided, CAP Mozambique provided TA to OVC partners to create and correctly use an OVC database. All OVC partners that reported results in this period are using this database. HACI already had an OVC database. CAP Mozambique provided TA to HACI to ensure that its database would accurately generate data for PEPFAR reporting purposes. CAP Mozambique will continue to provide this TA in the next reporting period.

#### **c. Data Verification**

Since receiving recommendations from the data-quality audit organized by USAID and conducted by Measure Evaluation in 2011, CAP Mozambique has supported partners to establish systems that accurately track numbers of individuals reached by CAP Mozambique interventions. Any individual that CAP Mozambique reports to PEPFAR as having been reached can be tracked to either a participant list which is signed by that individual or an OVC record. To maintain this high standard of data quality, CAP Mozambique’s Program and M&E Teams work diligently to ensure that all partners are collecting, transferring, and reporting data accurately. In the current reporting period, CAP Mozambique conducted data-verification visits with CCM Sofala, ANEMO, and AMODEFA/IBFAN. CCM Sofala indicated that the exercise was very helpful in ensuring the quality of data collected and reported to CAP Mozambique. The organization decided to replicate the exercise internally in the future to maintain high quality data on project results.

#### **d. Using Data to Identify Issues and Make Decisions**

CAP Mozambique provided TA in follow-up to the previously described QPM on use of data for decision-making. CAP Mozambique is supporting selected partners facing particular

issues within their projects toward resolving these problems through data analysis as described in *Prevention* and *OVC Components* of this report.

#### e. On-going monitoring and technical assistance

The revision of quarterly narrative reports represents a key opportunity for CAP Mozambique to both ensure quality data reporting and provide technical assistance to partners. The M&E Team monitors the consistency between the activities described in the narrative report and the quantitative results reported in the results table for each partner. CAP Mozambique also continued with regular monitoring visits during this period and provided TA to partners on areas requiring improvement.

In the previous reporting period, CAP Mozambique defined GBV indicator #1 and worked with partners to revise programmatic interventions to contribute toward this indicator. . In the current reporting period, CAP Mozambique's M&E Team worked with its GBV-focused partners to revise their data collection sheets and reporting formats to enable them to capture and report accurate data for this indicator.

In the current reporting period, CAP Mozambique also began discussing a definition for the new USAID gender indicator focused on norms of masculinity. In addition, CAP Mozambique identified seven partners who already include male norms in their programming and who could potentially contribute toward this indicator. These conversations will continue into the next reporting period.

#### f. CAP Mozambique Mid-term Evaluation

In the current reporting period, CAP Mozambique initiated the process of facilitating a qualitative midterm evaluation. As planned, CAP Mozambique conducted a competitive process, identified, and signed a contract with an outside entity to conduct the evaluation. In addition, CAP Mozambique held an initial inception meeting.

## VIII. SUPPORT TO NON-PARTNER ORGANIZATIONS

### A. MODEL FOR SUPPORT TO NON-PARTNERS

In the current reporting period, CAP Mozambique expanded support to an additional four sub-grantees of *Programa de Cuidados Comunitarios* (PCC), a USAID-funded FHI 360 project. CAP Mozambique currently supports a total of 16 PCC sub-grantees from Sofala, Manica and Maputo provinces. (See Table 15 for a summary of these partners).

**Table 15. CAP Mozambique supported PCC Sub-Grantees**

Manica	Sofala	Maputo
Kuzvipira Rubatano Shingirirai Centro Aberto de Barue OMES*	Amicum Kupedzana ADS Kugarisicca Associação Ajuda Cristã* Kuwanuissanas* Comusanas*	Acideco Conhfic Kupona AMODEFA

\*CAP Mozambique initiated support to these PCC sub-grantees in the current reporting period.

CAP Mozambique support to PCC sub-grantees consists of a combination of group training, individual training, and coaching targeting the following four core elements of sound organizational function: GLM; policies and procedures (PPs); ICS; and functioning of associations (*Associativismo*). Table 16 summarizes these training activities, and resulting knowledge increases measured through pre- and post-tests.

**Table 16. Average Percent Increase between Pre- and Post-Test Scores for Non-Partner Trainings**

PCC Sub-Grantee		Associativismo	GLM	PPs	ICS
Maputo	Acideco**	Previous Period	-3%	73%	59%
	AMODEFA		13%	65%	67%
	Confhic		26%	57%	85%
	Kupona**		1%	3%	61%
Sofala	Associação Ajuda* Cristã	37%	21%	Next period	
	Kuwanguissanas*	47%	26%		
	Comusanas*	21%	24%		
	ADS**	-4%	17%	Previous Period	63%
	Amicum	16%	25%		98%
	Kugarissica	24%	65%		-
	Kuphedzana	18%	74%		73%
Manica	Centro Aberto **	-4%	Next period		120%
	Kuzvipira	10%			51%
	Rubatano	10%			87%
	Shinguirirai	48%			98%

\*CAP Mozambique initiated support to this PCC sub-grantee in the current reporting period.

\*\* CAP is investigating the reasons behind the negative numbers and will adjust the training accordingly based on findings.

### Policies and Procedures (PPs)

In this reporting period, CAP Mozambique provided PPs training to four PCC sub-grantees, and follow-up TA to ten. Eight organizations have submitted draft PPs to CAP Mozambique for review. CAP Mozambique has provided written feedback. In addition, Kupona drafted and obtained board approval for their PPs.

### Internal Control Systems (ICS)

In October 2012, CAP Mozambique provided ICS training to 12 PCC sub-grantees and follow-up support to eight partners in Manica and Sofala. As a result of this support, CAP Mozambique observed the following examples of progress among these organizations: improved asset inventories; establishment of job descriptions for all positions; establishment of basic financial monitoring systems; and improved archives. Follow-up to Maputo participants is scheduled for next reporting period.

### Governance, Leadership and Management (GLM)

CAP Mozambique conducted GLM training with all Maputo and Sofala PCC sub-grantees in December 2012. In the current reporting period, CAP Mozambique provided follow-up TA to all of the previously trained sub-grantees.

*The training really helped us understand the purpose of shared leadership. Many times we are doing things incorrectly without even knowing it."*  
-CONFHIC staff member in written evaluation of GLM training

### Associativismo

In the current reporting period, CAP Mozambique provided *associativismo* training to all Sofala- and Manica-based sub-grantees, including the three new sub-grantees in Sofala. In addition, CAP Mozambique provided follow-up TA to those Maputo partners trained in the previous reporting period.

Because *associativismo* and GLM are closely linked (the former is related to creating a legal structure for the organization and the latter to making that structure function) so too is follow-up TA to these trainings. As a result of this follow-up TA, CAP Mozambique has observed that all Maputo PCC sub-grantees now have properly structured boards and have developed meeting schedules for those boards. In addition, many of the Sofala and Manica PCC sub-grantees have worked to clarify roles and responsibilities for governing bodies, and Shingirarai and Centro Aberto de Barue have requested that CAP Mozambique conduct abbreviated *associativismo* trainings at upcoming general assemblies.

CAP Mozambique also trained PPF partner ASF on *Associativismo*.

### Coaching Training for PCC Staff

CAP Mozambique and PCC agreed that CAP Mozambique would train the four new PCC sub-grantees, but that PCC would provide all follow-up TA. To increase PCC staff capacity to provide this TA, in November 2012 CAP Mozambique conducted training with 15 PCC staff. The one-week training was held in Beira, covered coaching for *associativismo*, PPs and ICS, and included one day of field work for piloting a field guide. See Annexes 16 and 17 for the PCC Staff Training Agenda and Field Guide.

*"These trainings bring another perspective and dynamic to our Association, and improve the implementation of our activities. Had we had these training before we would have been at a different level"*

*-Representative from Centro Aberto Barue*

In the current reporting period, CAP Mozambique identified both challenges and successes associated with the support outlined above. Ideally, CAP Mozambique provides trainings in the following sequence: *Associativismo*, GLM, PPs and ICS. However, given the nature of CAP Mozambique's support to PCC sub-partners, this is not always possible. In addition, AMODEFA experienced acute challenges due to its large size, central leadership and pre-established methods of operation. Conversely, Kupedzana experienced barriers following up on an action plan because its key decision makers are geographically dispersed and rarely convene. Generally, PCC sub-grantees are extremely enthusiastic about and responsive to support targeting organizational development, as they have never previously been offered this type of support. Many note that they wish they had received this support earlier, as it would have increased the effectiveness of their project implementation.

As planned, CAP Mozambique integrated PPF-MZ sub-grantee ASF into planned support. ASF joined the *associativismo* training in Beira last October. PPF-MZ's other partner, ADC, is already receiving OD TA, as the organization is a CAP Mozambique grantee.

In the next reporting period, CAP Mozambique will evaluate the process, outcomes, and challenges of the support provided to PCC partners in order to determine how CAP Mozambique can best support them further taking into account limitations in resources.



## **B. U.S. EMBASSY QUICK IMPACT PROGRAM**

In the current reporting period, CAP Mozambique improved its model of assistance to the QIP. Previously, the QIP engaged CAP Mozambique upon identifying challenges with a particular grantees' financial, M&E and/or reporting capacity. After review of the CAP/QIP collaboration, CAP Mozambique advised the U.S. Embassy Quick Impact Program staff to organize an introductory training explaining expectations of grantees and details of the grant agreement prior to funds disbursement. CAP Mozambique facilitated part of this workshop.

In November 2012, CAP Mozambique conducted a workshop with 15 QIP grantees from Maputo, Gaza, and Inhambane provinces. In December 2012, CAP Mozambique conducted a similar exercise in Beira with 14 QIP grantees. (Please see Annexes 18 and 19 for the Maputo and Beira QIP training Agendas). CAP Mozambique performed a subsequent satisfaction analysis with participants (detailed in Annex 20). Ninety-one percent of participants in these workshops reported satisfaction with the trainings. CAP Mozambique has provided a half day of follow-up TA to the two Maputo-based QIP grantees, but was unable to provide follow-up to those based elsewhere during this reporting period.

## **IX. COORDINATION WITH THE MOZAMBIKAN GOVERNMENT**

CSOs play a vital complementary role to Government of Mozambique (GoM) health services. Thus, it is important that CSOs communicate and coordinate with the GoM's formal health system to increase overall effectiveness. To that end, CAP Mozambique aligns all partner activities with GoM priorities as outlined in the Third National Strategic Plan (PEN III), MMAS Minimum Standards, and other policy documents. Furthermore, CAP Mozambique participates in thematic working groups such as CNCS Pre-Partners Forum, the Multi-Sectoral Support Group for Orphans and Vulnerable Children (NUMCOV), and attends meetings of the Partners Forum and Communications Working group also linked to CNCS. In fact, CAP Mozambique was invited to present on its experience providing grants and capacity building to civil society organizations at a Partners Forum meeting in February. CAP Mozambique also consults provincial authorities when selecting partners. Finally, CAP Mozambique regularly invites provincial authorities and Ministry representatives to attend QPMs, a valuable forum for encouraging GoM and civil society to engage with one another in finding solutions to identified challenges.

In addition, in each technical area, CAP Mozambique continues to support its partners to strengthen linkages with formal health and social services systems. For Prevention partners, CAP Mozambique increased referrals to counseling and testing and condom distribution. In the area of OVC, linkages have been formed or strengthened with the health, social services, and educational systems to allow partners to provide family-based care. Representatives of MMAS leadership provided guidance and, equally as important, attentively listened to partners on the challenges they face in applying the standard for OVC care. ANEMO continues to provide training of trainers in home-based care following the Ministry guidelines. (These activities are further described in each technical section above). As representatives of the provincial authorities attend CAP Mozambique QPMs, we notice a growing recognition of the valuable contribution Mozambican civil society is making and will continue to reinforce this awareness.

Additionally, in the current reporting period CAP Mozambique and our partners continued to provide reporting information quarterly to: the Provincial Directorates for Health, Education and Women and Social Action (DPS, DPMAS and DPE respectively,) governor's office, and Provincial AIDS Council (NPCS) in all five provinces in which CAP Mozambique is working; and the Bulletin in Sofala.

## 7. PROJECT PERFORMANCE INDICATORS

### 1. PEPFAR TARGETS

Though CAP Mozambique estimates targets based on the best available information, these estimates are rough. CAP Mozambique generates target estimates up to two years in advance, before all partners are identified and project designs finalized. CAP Mozambique, therefore, bases targets on the following two sources of information: 1) partner-generated target estimates based on the initial project design process; and 2) CAP Mozambique's assessment of partner capacity. CAP Mozambique then refines targets as additional and/or more precise information becomes available.

CAP Mozambique first submitted targets for FY13 in September 2011. The team revised its FY13 targets in mid-2012 and included new provisional targets in its Annual Workplan (AWP) for FY13. These were further adjusted in January 2013 when CAP Mozambique responded to a COP-related request from the mission. CAP Mozambique then submitted a revised performance management plan (PMP), which has not yet been finalized due to pending adjustments to CAP Mozambique's budget that will ultimately affect project targets. On April 24, 2013, USAID communicated Mission-generated target revisions for CAP Mozambique for FY13. CAP Mozambique has used these revised targets throughout this report. The table below shows the provisional targets CAP Mozambique proposed in its FY13 AWP and revised PMP, and those assigned by USAID on April 24, 2013.

**Table 17. Provisional Targets Proposed to and Assigned by USAID**

Indicator	Targets submitted in September 2011	Targets in approved Workplan Sept 2012	Targets assigned by the Mission April 2013
P.SBRP.03.03: Number of MARP reached with individual and/or small group level interventions that are based on evidence and/or meet the minimum standards	200	360	435
P.SBRP.01.03: Number of intended target population reached with individual and/or small group level preventative interventions that are based on evidence and/or meet the minimum standards	24,536	40,516	14,148
P.SBRP.02.03: Number of intended target population reached with individual and/or small group level HIV preventative interventions that are primarily focused on <u>abstinence and/or being faithful</u> , and are based on evidence and/or meet the minimum standards	13,564	8,500	2,987
Number of health care workers who successfully completed an pre-service training program	276	1,906	2,028

Indicator	Targets submitted in September 2011	Targets in approved Workplan Sept 2012	Targets assigned by the Mission April 2013
Number of targeted condom service outlets	4	125	
Number of mass media spots delivered	-	30	
Number of OVC receiving OVC services	4,050	4,050	4,050
P.GBV.01.03 GBV Indicator 1	n/a	13,913*	

\* The GBV targets were submitted by CAP in December 2012

#### a. Prevention

Table 18 below illustrates the Annual Prevention Targets and progress toward reaching these targets for the first two quarters of the current fiscal year.

**Table 18. CAP Mozambique Progress towards Reaching Annual Prevention Targets**

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2
Number of MARP reached with individual and/or small group level HIV preventive interventions that are based on evidence and/or meet the minimum standards	435	200	45.98%	447	148.74%
Number of intended target population reached with individual and/or small group level interventions that based on evidence and/or meet the minimum standards	14,148	30,027	212.23%	14,786	316.74%
Number of intended target population reached with individual and/or small group level interventions that are primarily focused on abstinence and/or being faithful, and are based on evidence and/or meet the minimum standards	2,987	3,352	112.22%	4,031	247.17%
Number of targeted condom service outlets	4	106	2,650%	44	3,750%
Number of mass media spots delivered	0	3	-	6	-
Number of people reached by an individual, small group, or community-level intervention or service that explicitly addresses gender-based violence and coercion (GBV)	13,913	1,052	7.56%	2,913	28.50%

**Note:** The targets above reflect the targets provided to CAP Mozambique by USAID on April 25, 2013.

At this mid-point in the fiscal year, CAP Mozambique has surpassed all but one of its annual targets in the area of HIV&AIDS prevention. In general prevention, CAP Mozambique has reached 316.74% of its targets for the year. CAP Mozambique has exceeded its results due to a number of factors, including: a) strong performances by grantees in Zambezia and Manica provinces (ANDA, AMME, KUKUMBI, and NAFEZA); b) continued strong performance from Nweti in Nampula; c) higher than anticipated results from ADPP; and d) contributions from ECoSIDA in Nampula and Maputo City. When CAP Mozambique developed the original target for this indicator, it was not clear whether ADPP's prevention interventions could be counted. The organization reaches very large numbers of individuals through its

multi-pronged approach, which includes multiple house visits and complementary activities in the community. Once it was determined that ADPP's interventions do indeed count for this indicator, these results were included. N'weti also reaches high numbers by implementing in five districts in Nampula. In addition, KUKUMBI and NAFEZA are performing better than expected.

In the area of Abstinence and Be Faithful, CAP Mozambique reached 247.17% of its targets. Since the original target was determined, there have been some shifts within CAP Mozambique regarding which partners contribute to this indicator. CAP Mozambique originally expected that MONSASO Sofala and AMME would contribute toward this indicator, but MONASO Sofala's grant has since been terminated and AMME's methodology was determined to be more in-line with general prevention than abstinence.

CAP Mozambique surpassed its annual target for MARP activities, reaching 148.74% of its target for this indicator. ANDA provides integrated MARP services to truck drivers in Manica, and reached 647 individuals in the current reporting period. ANDA also reached CSW's, but CAP has been unable to verify the data at this point, so these numbers will be reflected in the next reporting period.

CAP Mozambique has also already surpassed its annual target for condom outlets, at 3,750%. This is because the target was originally developed for a CAP Mozambique partner that no longer has a grant with CAP Mozambique, whose project activities included a small number of condom distribution sites. Since that target was developed, two partners—ADPP and ECoSIDA – designed interventions with large numbers of condom distribution sites. Both organizations target a large number of communities (ADPP) / companies (ECoSIDA), and plan to install condom distribution sites at each site. In the current reporting period, ADPP distributed condoms at 109 sites. ECoSIDA distributed condoms at 36 locations. In addition, ANDA's intervention also includes the distribution of condoms, and the organization distributed in each site where it is working with MARP populations.

CAP Mozambique does not currently have a target for mass media spots, but ADPP has broadcasted nine spots in the current period. These are contributed by ADPP, who has developed radio spots in Nampula province. In the SAPR 12, CAP Mozambique did not have a target (or results) for mass media spots, and therefore the results for the current period are higher than the previous period.

CAP Mozambique's annual target for individuals reached with GBV messages is 13,913. At this point, CAP has reached 28.50% of this target with 3,965 individuals reached. These results represent contributions from CAP Mozambique's Zambezia partners (AMME, KUKUMBI, and NAFEZA). These partners revised their prevention methodology to incorporate the elements required by CAP Mozambique to count toward this indicator, revised their data collection instruments, and completed prevention cycles with individuals to enable them to report results for this indicator. Additional partners (CCM-Sofala, N'weti, and AJULSID) will contribute toward this result for APR 2013.

## **b. Orphans and Vulnerable Children**

Table 19 below illustrates the Annual OVC Targets and progress toward reaching these targets.

**Table 19. CAP Mozambique Progress towards Reaching Annual OVC Targets**

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2
Number of OVC receiving OVC services	4,050	732	18,07%	3,317	99.98%
Education and/or Vocational Training		390	-	1,977	-
Psychosocial, Social and/or Spiritual Support		1	-	1,046	-
Legal and Protection Services		409	-	2,001	-
Food and Nutrition		0	-	31	-
Economic Strengthening		0	-	0	-
Shelter and Care-giving		0	-	4	-
Health Care Referral		78	-	202	-

At this mid-point in the fiscal year, CAP Mozambique has reached 99.98% of its annual target for OVC reached with care services. The annual target is 4,050 and CAP Mozambique has reached 4,049 individuals. This is because, in addition to the PPF-MZ project, four of CAP Mozambique's OVC partners produced significant results in the past six months. This was expected, as two of the direct implementers (Niiwanane and AJN) finished the start-up phase of their grants and began providing services to OVC in Nampula. The two umbrella organizations, HACI and Rede CAME, also began implementing services through 12 sub-partners in Manica and Maputo City/Province. All four of CAP Mozambique's OVC partners that were in the implementation phase (Niwanane, AJN, Rede CAME, and HACI) facilitated family assessments, provided services in their focus area (either education or protection), and completed referrals to other services. These organizations and their sub-partners will continue to support OVC counted here through direct service delivery and referrals to ensure comprehensive quality care. LDC, a new partner in Zambezia, also served a very small number of OVC.

### c. Human Resources for Health

**Table 20. CAP Mozambique Progress towards Reaching Annual Health System Strengthening Targets**

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2
Number of community health and para-social workers who successfully completed a pre-service training program*	2,028	652	32.15%	522	57.89%

\* The target above reflects the target provided to CAP Mozambique by USAID on April 25, 2013.

To date, CAP Mozambique has reached 57.89% of its target for *activistas* trained to provide services in their communities. The annual target is 2,028, and CAP Mozambique has reached 1,174. As CAP Mozambique partners completed their start-up phases of staff recruitment and material adaptation, they launched *activista* trainings and began delivering prevention messages. This accounts for the large number of *activistas* trained in this period. The following partners contributed toward these results: AMODEFA/IBFAN, Rede CAME, ANEMO, CCM-Sofala, ECoSIDA, ADC, AJULSID, CEDES, AJN, ADPP, ANDA, KUKUMBI, and NAFEZA.

#### d. Capacity Building

**Table 21. CAP Mozambique Progress towards Reaching Annual Capacity Building Targets**

Indicator	Annual Target	Q1 Results	% Achieved - end Q1	Q2 Results	% Achieved - end Q2
Number of Civil Society organizations using USG assistance to improve internal organizational capacity	91	100	109.89%	3	113.19%
Number of Mozambican civil society organizations using USG assistance to contribute to the health system	72	62	86.11%	0	86.11%
Number of CSOs that become eligible to become prime partners with USAID in the HIV/AIDS response	1	0	0%	0	0%
Number of individuals trained in institutional capacity building	1,047	477	45.56%	295	73.73%
Number of organizations demonstrating increased capacity	20	0	0%	4	20%
Number of meetings facilitated to share experiences and lessons learned with CBOs/FBOs/NGOs	11	2	18.18%	2	36.36%
Number of community groups developed and supported (USAID Health Indicator)	46	44	95.65%	0	95.65%
Number of individuals reached through USG-funded community health activities (USAID Health Indicator)	21,620	34,311	158.70%	22,581	263.14%

CAP Mozambique is progressing well toward reaching its capacity-building targets for the current fiscal year. At this mid-point in the year, these summary results have been achieved: number of CSOs using USG assistance to improve capacity (113.19%), number of Mozambican CSOs contributing to the health system (86.11%), number of individuals trained (73.73%), number of organizations demonstrating improved capacity (20%), and number of meetings facilitated to share experiences (36.36%).

#### 2. INCREASED OVC CARE CAPACITY

In the current reporting period, CAP Mozambique conducted follow-up technical assessments with four of CAP Mozambique's OVC partners – HACI, Niiwanane, Rede CAME, and CCM Zambezia. Each demonstrated significant improvement in OVC capacity. (For a full description of TA/Training provided to each of these partners, and analysis of change noted through the follow-up technical assessments, please see Annex 21). The assessment is carried out three times over the life of a multi-year grant—within the first two months of the new grant, in the middle of the grant period, and at the end of the grant.

HACI has increased its capacity in OVC care by significant amounts in both of the two major components (from 23 to 59 points out of a maximum score of 78). Through extensive TA and training provided by CAP, the organization has learned how to improve staff recruitment processes, facilitate community consultation, develop a quality proposal, and then replicate these actions with its sub-partners.

CCM-Zambezia has increased its capacity in OVC Care in both of the two major components (from 11 to 21 points out of a maximum score of 78). Through extensive TA and training provided by CAP Mozambique, the organization has learned how to improve staff recruitment processes, facilitate community consultation, and develop a quality proposal. CCM-Z demonstrated improved proposal development capacity with its sub-partners, who submitted strong proposals. As this grant was terminated in March 2013, CCM-Zambezia did not have the opportunity to replicate recruitment and community consultation with its sub-partners. CCM-Zambezia lost two key people and did not exhibit the capacity to communicate these processes to others, which is critical for an umbrella organization. Also, their financial capacity was not strong enough.

Niiwanane has increased its capacity in OVC care by significant amounts in both of the two major components, as well as in its overall score (from 14 to 56 points out of a maximum score of 72). Through extensive TA and training provided by CAP, the organization has learned how to improve staff recruitment processes, facilitate community consultation, develop a quality proposal, gain the confidence of community leaders and members, improve the quality of its interventions with frequent supervision and monitoring, and use data for planning and decision-making. Niiwanane is a community-based organization in Nampula that actively applies all of the knowledge and skills gained through capacity-building interventions with CAP Mozambique. The experience and capacity demonstrated by Niiwanane is at par or typically exceeds that of much larger provincial or national-level organizations providing OVC care.

Rede CAME has increased its capacity in OVC care by significant amounts in both of the two major components, as well as in its overall score (from 14 to 39 points out of a maximum score of 78). Through extensive TA and training provided by CAP Mozambique, the organization has learned how to improve staff recruitment processes, facilitate community consultation, and develop a quality proposal. Rede CAME submitted a proposal to the German Federal Ministry for Economic Cooperation and Development (BMZ) using skills and knowledge gained through CAP Mozambique, and received a grant award as a result. Unfortunately, Rede CAME was not as successful in its efforts to replicate training (community consultation) and processes (data verification) with partners. Furthermore, Rede CAME showed a lack of concern with beneficiaries which was reflected in slow response to sub-partners needs for support.

## 8. MAJOR IMPLEMENTATION ISSUES

As expected, in the current reporting period CAP Mozambique achieved unprecedented expenditure levels and performance in PEPFAR targets, almost tripling its burn rate and exceeding PEPFAR targets. Unfortunately, a few issues present challenges and interrupted progress.

- Several high-level PEPFAR and USAID decisions presented significant challenges for CAP Mozambique's management of staff and grantees. These decisions, which USAID communicated to CAP Mozambique between January and March 2013, included:
  1. A strategic shift toward combination prevention interventions as part of the AIDS Free Generation vision that USAID announced to partners in January 2013.

2. A 75% reduction in CAP Mozambique's FY 2014 annual budget based on preliminary results of the Country Operating Plan (COP) 2013 planning process. These reductions were particularly drastic in the areas of Prevention and Health Systems Strengthening, which represent, respectively, 35% and 30% of CAP Mozambique's budget.
  3. A significant reduction in the FY13 funding available for CAP Mozambique, as a result of changes in the budgeting process for COP 2012. CAP Mozambique learned of this reduction when USAID signed an obligation increase of \$1.5 million in response to CAP Mozambique's request for a \$13 million obligation increase. USAID communicated to CAP Mozambique that it was working to restore funding, but could not guarantee exactly how much funding would be restored.
- In response to decision #1, CAP Mozambique immediately initiated work with partners to identify ways they could better contribute toward PEPFAR Mozambique's HTC, treatment, and VMMC scale-up. This work is outlined in *Section 6* of this report.
  - In response to decision #2, CAP Mozambique will prematurely terminate most, if not all, of its Prevention partners and some OVC and Care and Treatment partners prior to the April 2014 sub-agreement end dates currently planned. CAP Mozambique will concurrently reduce staff and other overhead costs accordingly.
  - In response to decision #3, CAP Mozambique took immediate action to slow down program implementation pending USAID's ability to recover funds by postponing/cancelling TA to any candidate organizations, reducing travel, postponing trainings and international consultancies, and initiating a systematic review and prioritization of partner support (detailed in Annex 22). As a result of this, CAP Mozambique realized that in order to responsibly manage a substantial reduction in funds, it would be necessary to proceed immediately with terminations to some grantees and let go of some staff shortly thereafter. CAP Mozambique informed USAID of the situation on March 7 and sought guidance regarding the likelihood of various scenarios for restoring funding for the fiscal year. Based on the outcome of the March 7 meeting and with the consent of USAID, CAP Mozambique decided to halt support to six partners as of April 30, 2013, and scale down others gradually in subsequent months.

CAP Mozambique informed partners and relevant CAP Mozambique staff on March 12th and 13th.

- At the time of this writing (mid-April 2013), USAID has informed CAP Mozambique that, due to the receipt of *Reclama* funds, CAP Mozambique will receive an additional \$5.5 million for project activities through December 2013. Based on this info, CAP Mozambique estimates that these funds will allow CAP Mozambique to continue with most of its staff and remaining Prevention partners through October 2013, and with some through December 2013. OVC partners are scheduled to continue through April 2014, as initially planned. These decisions will be finalized once written confirmation of funds available is received. Table 21 shows a tentative schedule of partner end-dates



**Table 22. CAP Mozambique Tentative Partner End-date Schedule  
(as of April 30, 2013)**

	April 2013	Sept 2013	Oct 2013	December 2013	April 2014
<b>Maputo</b>	Rede CAME CMA	ANEMO	ECosIDA		HACI IBFAN
<b>Nampula</b>	ADPP AJN		N'weti	Ophavela	Niiwanane
<b>Zambezia</b>				AMME Kukumbi NAFEZA	LDC
<b>Sofala</b>			CEDES AJULSID	CCM-S ADC	
<b>Manica</b>	Rede CAME				Kubatsirana ANDA

## 9. COLLABORATION WITH OTHER DONOR PROJECTS

### 1) USG funded

- a) FHI 360 Mozambique organized an internal workshop on referrals for all projects working within the Mozambican health care system. Each project shared good practices and identified potential areas of collaboration. FHI 360 then established a referral working group to define strategies for improving referrals across FHI 360 projects during the next reporting period.
- b) FHI 360's PCC and CAP Mozambique collaborated in several areas. PCC provincial staff presented on referral systems and forms at CAP Mozambique's February QPM for Prevention partners. PCC also shared lessons learned with CSI application and referrals at CAP Mozambique's February QPM for OVC partners. CAP Mozambique partners Niiwanane and AJN visited PCC grantee Kugarissica to observe CSI application and a well-established referral system. CAP Mozambique provided training and TA in four organizational development areas to PCC partners in Sofala, Manica and Maputo (this is further discussed in the *Support to Non-Partner Organizations Component* of Section 6).
- c) HPP provided training and TA to CAP Mozambique partners and staff on integrating gender-based violence into prevention and OVC programming. HPP also provided TA to CAP Mozambique to create and conduct training on facilitation coaching. This is further discussed in the *Prevention and OVC Components* of Section 6.
- d) In Sofala, CAP Mozambique Prevention partner ADC has been leveraging debate sessions to refer beneficiaries to PSI HTC and VMMC. This has been productive and there is interest in expanding to other areas. Please see the *Prevention Component* of Section 6 for more details.

2) In February, CAP Mozambique assisted ANDA to organize a donor conference to inform ANDA's OVC project design and coordinate capacity building. Through this workshop, ANDA avoided overlap or duplication and maximized resources.

3) UNICEF participated actively in the February QPM on OVC services.

- 4) CAP Mozambique and PCC met with the Mozal-funded PATH project, and identified potential areas of collaboration, particularly referrals to early child development and maternal health care services. CAP Mozambique, PCC and PATH also coordinated to avoid duplication of budget items to common partners.
- 5) The Bill and Melinda Gates Foundation-funded Bridge Project (implemented by FHI 360 in collaboration with the University of Manitoba) organized a series of exchange visits between Mozambique and India to study best practices in HIV Prevention, particularly among key populations. CAP Mozambique staff member, Leogivildo Pechem, who supports CAP Mozambique's only partner targeting key populations (ANDA), participated in one exchange visit and is sharing what he learned with CAP Mozambique staff and ANDA.
- 6) The DFID/ USAID-funded MASC project organized a donor coordination meeting in February. CAP Mozambique was an active participant. CAP Mozambique is also part of the steering committee that was established during the meeting and has shared its database on donor-supported projects. CAP Mozambique and MASC are discussing co-funding some partners and exchanging best practices.
- 7) As mentioned above, CAP Mozambique participates in the Pre-Partners Forum, and has presented at several National AIDS Council fora that comprise donors and civil society organizations, including the Partners Forum and Communications Working Group.

## 10. UPCOMING PLANS

### **GRANTS**

- Provide project and budget design TA to ANDA
- Provide TA to HACI to develop a grants manual, develop financial monitoring processes and tools, and improve capacity to provide effective feedback to sub-grantees
- Perform a graduation assessment

### **ORGANIZATIONAL DEVELOPMENT**

- Follow-up POAPs with seven grantees (ADC, AMME, CCM-S, CEDES, Kukumbi, and ANEMO)
- Support Niiwanane and select PCC partners to introduce and facilitate a discussion on board members' roles, responsibilities and competencies prior to board elections
- Succession planning/ delegation TA for CCM-Sofala
- Provide ICS training to an additional six partners
- Assist AMME, NAFEZA and Kukumbi in using performance assessment tools with staff if required
- Assist Kukumbi to develop policies that link annual salary increases to performance
- Assist ANDA and Niiwanane to develop and pilot staff performance assessments and procedures
- Provide TA to LDC to review and revise Mission, Vision and Values
- Intensify efforts to promote promising partners with other donors
- Offer a project lifecycle training for N'weti's provincial staff and Ophavela
- Conduct one Fiscal Council training
- Continue conducting Fiscal Council strengthening as initiated during the previous reporting period

- Conduct part II of the MANGO *Practical Financial Management* training, along with the full five-day MANGO trainings in Beira and Zambezia: Beira for CCM-S, ANDA, ADC, Ajulsid and CEDES, and Zambezia for LDC, Kukumbi, Nafeza, and Niiwanane
- Support FHI 360 specialist from headquarters to provide specialized financial management support for graduating partners
- Conduct financial health checks with Kukumbi, Nafeza, ANEMO, AMME, CCM-S, ADC, N'weti
- Provide support to strengthen HACI sub-grantee financial management capacity
- Conduct QPMs in May and August
- Provide orientation on close-out processes at the August QPM

## **PREVENTION**

- Finalize abbreviated workplans for AMME and ANDA
- Conduct abbreviated workplan- and budget-development processes with ECOSIDA, Kukumbi, NAFEZA, Ophavela, CEDES, AJULSID, N'weti and CCM-S, as their grants will now end in October or December 2013 instead of April 2014 as was originally anticipated
- Share Kukumbi and NAFEZA's participatory model for facilitator recruitment with prevention partners that have not yet initiated facilitator recruitment (such as Ophavela) and more broadly with others during a QPM
- Conduct end point technical assessments for four partners (Ajulsid, CEDES, Kukumbi, and NAFEZA)
- Conduct facilitation coaching training for ECoSIDA supervisors
- Continue to provide facilitation coaching TA as follow-up to January 2013 supervisor trainings
- Provide TA to select Prevention partners to analyze the data generated from revised supervisor forms and resulting reports
- Distribute local language versions of the *Quebrando Barreiras* films to all Prevention partners, and reevaluate support to equipment procurement based on availability of funds
- Continue supporting Prevention partners to establish, strengthen, and expand referrals to AFG-related services
- Support partners to improve referral tracking
- Support partners to explore how they can capitalize on relationships with community leaders and beneficiaries, as well as experiences linking to services, to engage in advocacy around access to and quality of HIV-related health services
- Coordinate initiation of HPP TA with Ajulsid
- Support ANDA to conduct exchange visit with the FHI 360 ROADS project to learn more about key populations, commercial sex workers and truck drivers in Beira city. Other visits will be organized if funds and priorities allow
- Continue inviting government representatives to CAP Mozambique QPMs, and require partners to report on coordination with government via quarterly reports

## **ORPHANS AND VULNERABLE CHILDREN (OVC)**

- Provide TA to HACI to adopt three of Rede CAME's Maputo-based sub-partners, and adjust to providing direct TA rather than issuing sub-grants
- Provide TA for workplan development to HACI and ANDA, if approved by USAID

- Provide TA to HACI to develop comprehensive technical assessment tools for use with sub-grantees
- Support Kubatsirana and ANDA (if approved by USAID) with recruitment and training of *activistas*
- Provide community-consultation TA to Kubatsirana and ANDA if approved by USAID
- Provide training on interpersonal communication skills and/or PSS to OVC partners
- Support all remaining OVC partners to create and/or expand referral systems to government and non-government services
- Introduce the FHI 360 referral form to all OVC partners and sub-partners
- Collaborate with HPP to assist HACI in incorporating GBV-related activities in its programs based on the HPP analysis of strong GBV practices for OVC programming
- Continue inviting government representatives to CAP Mozambique QPMs, and require partners to report on coordination with government via quarterly reports

### **CARE & TREATMENT**

- Support IBFAN to develop year two workplan
- Support IBFAN to better track and report on referral activities
- Provide facilitation coaching training to IBFAN and ANEMO to address gaps in supervisor facilitation coaching skills

### **MONITORING AND EVALUATION**

- Conduct mid-term evaluation. Early in the next reporting period, the selected contractor will conduct a desk review of CAP Mozambique materials and develop an evaluation protocol and tools. By May, the survey and data-collection exercises will be underway
- Continue providing TA to OVC partners to correctly use database
- Support select partners to assess potential to contribute toward new GBV indicator on norms of masculinity

### **SUPPORT TO NON-PARTNERS**

- Evaluate the process, outcomes, and challenges of past support provided to PCC partners in order to determine how CAP Mozambique can best support them further, taking into account limitations in resources
- Discuss support to QIP in light of the Reclama funds

### **COORDINATION WITH MOZAMBIKAN GOVERNMENT**

- Support partners to strengthen linkages with formal health and social services systems
- Align partner activities with GoM priorities as outlined in the Third National Strategic Plan (PEN III), MMAS Minimum Standards, and other policy documents
- Participate in thematic working groups such as CNCS Pre-Partners Forum and attend meetings of the Partners Forum and Communications Working group also linked to CNCS
- Invite provincial authorities and Ministry representatives to attend QPMs
- Provide reporting information quarterly to: the Provincial Directorates for Health, Education and Women and Social Action (DPS, DPMAS and DPE respectively,) governor's office, and Provincial AIDS Council (NPCS) in all five provinces in which CAP Mozambique is working; and the Bulletin in Sofala

- Work with USAID to continue securing GRM participation in select QPM panel discussions, helping partners to prepare thoughtful questions and talking points in advance of QPMs to maximize the productivity of these interactions

## 11. EVALUATION/ASSESSMENT UPDATE

A firm was selected through an open, international competitive process to conduct a mid-project learning evaluation for CAP Mozambique. (Please see Annex 23 for the mid-project learning evaluation scope of work). The contract was signed, the literature review begun, and the first draft of evaluation tools submitted before the end of this reporting period.

Finalization of tools and review by the Ethics Committee of Mozambique will be completed early the next reporting period, so the firm can then conduct the field work and analysis. CAP Mozambique is looking forward to the results.

## 12. SUCCESS STORIES AND PHOTOS

### Success Story 1. “MORE THAN TALK”

#### More than Talk

*Community-based discussion groups help a Mozambican father find a path away from violence*

Given the obvious affection between Alberto and Maria, they seem more like sweethearts than middle-aged parents of seven children. However, their relationship wasn't always so harmonious. For years, Maria and her children suffered physical abuse at the hands of Alberto, who was concurrently battling alcohol addiction. Thanks to a community-based project supported by PEPFAR through Mozambican civil society organization N'weti, Alberto was able to get the help *he* needed to be the husband and father his *family* needed.



Alberto Joaquim Ruela and Maria Samuli

“My husband made me suffer very much,” Maria remembers sadly. “Alberto was violent. He beat our children and me for no reason. Whenever he would come home drunk, we would all flee because we knew one of us would get a beating. One of my daughters nearly gave birth in the street because my husband wouldn't let her in the house! And he would never let me work, or the children go to school.”

Alberto was caught in a seemingly unending cycle of alcohol abuse and violence, which reached beyond the confines of his home. Local leaders frequently received complaints about Alberto's aggression toward his family and others, and at times the authorities became involved. But nothing changed his behavior.

“He beat his wife, he insulted anyone who came near him, and in the end he was left without friends,” says neighborhood leader Bernardo Joaquim.

Last year, N’weti initiated the “Building Self-Efficacy through Community Dialogue for HIV/AIDS Prevention” project in Alberto and Maria’s neighborhood, funded by USAID/PEPFAR through FHI 360’s Capable Partners Program (CAP) in Mozambique. This neighborhood is one of many such project sites in Nampula Province, where over the course of three years N’weti aims to host discussion sessions with nearly 60,000 men, women and youth between the ages of 18 and 49. Participants in N’weti’s project attend a total of nine weekly discussion sessions designed to raise topics related to HIV/AIDS prevention (including gender-based violence) and help participants identify the behaviors each can take to prevent transmission.

To initiate the project in Alberto and Maria’s neighborhood, N’weti and local leaders invited neighborhood residents to observe a sample discussion session that would demonstrate the topics and format for future discussion groups within the community. As a result of the demonstration, many community members signed up for future sessions, including Maria.

Eventually, she got the courage to ask Alberto to join her. Alberto, who was interested in seeing the movies played during the sessions, consented to attend one session. A friend encouraged him to pay attention to the issues presented in the movies, suggesting that the sessions might be able to help Alberto improve his life.

Alberto accompanied Maria to one session. Then another. And then another. After the third session, Maria began to observe notable changes in Alberto. “He began to ask my opinion about household matters, and he enrolled the children in school,” Maria says. Nine weeks later (at the end of the project) Alberto’s life had changed considerably.

“The N’weti program came just in time to save my life and my family,” says Alberto. “I have changed, and I continue to change.”

Neighborhood leader Bernardo Joaquim, who had been through so much with Alberto and Maria, is visibly emotional about Alberto’s growth, and improvements in the community as a whole.

“I don’t have to worry about resolving Alberto’s cases anymore,” Bernardo says. “I believe N’weti’s work here is changing the lives of its participants, and improving our community in general.”

N’weti is one of over fifty leading Mozambican civil society organizations participating in the Capable Partners Program (CAP) in Mozambique. Supported by the U.S. President’s Emergency Plan for AIDS Relief (PEPFAR) through USAID, CAP provides leading civil society organizations with grants and intensive technical assistance in organizational development, project design, and implementation. CAP also partners with the Health Policy Project (HPP) through PEPFAR’s Gender-based Violence Initiative to help partners integrate gender and gender-based violence issues into select programmatic activities. Through this support, CAP supports Mozambican civil society organizations to expand their critical role in Mozambique’s HIV/AIDS response.



## Success Story 2. “THE HEALERS”

### The Healers

*Mozambican civil society navigates a broken system to fix a broken leg*

There are many words one could use to describe nine-year old Armando Wacate. “Orphan” is one. “Handicapped” is another. However, for anyone who has met Armando, only one word stands out: “happy.” With support from a project funded by USAID/PEPFAR through Mozambican civil society organization Niiwanane, Armando has overcome a life threatening injury and is receiving the services he needs to thrive.



*Wacate happily completes his homework.*

In 2011, Wacate was walking home from school with friends when a large cement block fell on his shin, breaking the bone that punctured his skin. Unable to walk, Wacate was carried home by his friends, where he hid in his bedroom for four days for fear of being punished. In many families, this kind of absence would be promptly detected. However, Wacate’s family was under duress.

Wacate is one of an estimated 670,000<sup>2</sup> Mozambican children orphaned or left vulnerable by the nation’s HIV/AIDS epidemic. He lives with his adult sister, her husband and their children. Like many

Mozambican families, Wacate’s family lives in poverty, with no steady source of income, and the burden of caring for an additional child was stretching the limits of their survival.

Upon discovering Wacate’s injury, his older sister brought him to a local health clinic, where they were given a balm to rub on his foot. After several days, it became clear that the balm was doing nothing to alleviate Wacate’s suffering, and his sister brought him to the provincial hospital. Wacate remained hospitalized for 45 days. Upon being discharged, Wacate’s family was given a bill for 450 meticaís (slightly less than \$20) which they were unable to pay. As a result, the hospital refused to issue a medical report, or give Wacate the antibiotics he needed to prevent infection of his injury. Upon returning home, Wacate’s health worsened.

“I didn’t know what to do,” remembers his sister. “He just kept getting worse, but we couldn’t bring him back to the hospital because we couldn’t pay the bill.”

Thankfully, Wacate was soon discovered by a PEPFAR funded program designed specifically to identify and help orphans and vulnerable children (OVC.) In 2012, Mozambican civil society organization Niiwanane began implementing the “*Proteger Crianças*” project in the area in which Wacate lives. Supported by USAID through FHI 360’s Capable Partners Program (CAP Mozambique), “*Proteger Crianças*” works in several communities within Nampula City, sending trained community health workers to identify OVC, assess their needs, and link these children to vital services. In an environment where many of these children are living in abject poverty, with caregivers who do not have the

<sup>2</sup> UNAIDS Report on the Global AIDS Epidemic 2012.

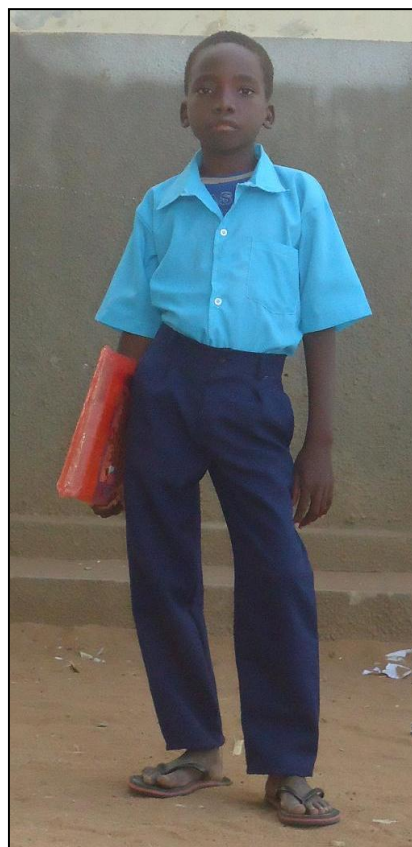
capacity to negotiate bureaucratic and overburdened health, education and legal systems, Niiwanane's support can make the difference between life and death.

When the Niiwanane community health worker arrived at Wacate's house, she found him sad and withdrawn, with a strip of cloth wrapped around his infected injury to keep the flies away. She urged the family to get him help. However, the family remained afraid to return to the hospital where they owed money. Instead, they traveled to a distant traditional healer. Wacate worsened.

The community health worker returned to Wacate's house several times, finding it empty. Undeterred, she returned until she found Wacate and his sister at home. She again advised Wacate's sister to take him to the hospital. Several days later, a monitoring team arrived from CAP Mozambique's Maputo office, and the community health worker took them to Wacate's house. Alarmed by the severity of Wacate's injuries, the CAP and Niiwanane teams convinced Wacate's sister to bring him again to the provincial hospital. She consented, and after much urging from the CAP and Niiwanane teams, also consented to remain with Wacate for the duration of his 6 week stay there. While at the hospital, Wacate improved and his smile returned. "He started to look handsome and fat!" recalls his sister.

Wacate experienced numerous barriers on his road to recovery, but with the support of CAP and Niiwanane, he was able to overcome each. When he needed a blood donation for his surgery, CAP and Niiwanane searched tirelessly for a donor. When the hospital threatened to withhold important medical documentation and follow-up care until Wacate's sister paid the bill, Niiwanane mobilized local community leaders and accompanied Wacate's family to appointments to help him get the paperwork and medication he needed. And when the local school director resisted reintegrating Wacate into school, Niiwanane brought the issue to regional educational authorities.

Thanks to this support, today Wacate happily attends school and plays with other children, using a small crutch for balance. His sister is astonished by and grateful for the help she received in pursuing Wacate's recovery and schooling.



*Standing on his own two feet.*



### Success Story 3. “Back on Track”

#### **Back on Track**

##### *Programa Para o Futuro (PPF) Helps OVC Continue their Education*

Sixteen-year-old Michael Mário lives with his grandmother and five siblings in Munhava, a suburb of the large city of Beira in Sofala Province. His father died in 2004 and, when his mother died in 2008, Michael and his siblings moved in with their grandmother. Life changed dramatically. With limited income from selling home-grown tomatoes, Michael and his siblings have little money for clothes, food or school registration fees. Because of this, Michael did not attend school for two years.

“For a long time, I dreamt of being an architect,” remembers Michael, “but when I had to leave school, I thought my dream was lost.”

In December 2012, Michael entered a program supported by *Programa Para o Futuro* (PPF), a PEPFAR-funded program assisting OVC to build skills for productive livelihoods. When Michael entered PPF, he was one of 47 PPF participants not enrolled in school. These participants cited inability to pay school fees, insufficient number of openings in the schools, and lack of school materials as barriers to enrollment.

PPF *activistas* promptly informed Michael’s family that, due to their dire financial situation, Michael was eligible for a poverty-based waiver of school fees and free school materials. The *activistas* helped Michael’s family secure the required documentation to receive these benefits, and by February 2013 Michael enrolled in school. Though extraordinary, this achievement is not unique. Of the 47 PPF youth participants who were not enrolled in school when the program began, 43 participants have been able to continue their education thanks to PPF support.

By collaborating with the Ministry of Social Action, school directors, and *activistas* supported by Mozambican civil society organizations, PPF helped families and caregivers secure the free school materials, school fee waivers and spot to which they were entitled. In addition, PPF supported some youth to register in the government’s distance education program at the Samora Moisés Machel Secondary and Pre-University school, which uses a combination of classroom learning and independent work with guided materials. Finally, PPF created weekend sessions during which youth can work in a classroom with support from a PPF facilitator, accessing PPF computers for help with course work.

Now that Michael is enrolled in school, he can build on his natural design skills to once again pursue his dream of becoming an architect. “When I started studying with PPF, I started to believe in my dream again,” says Michael. “Now I am doing what I need to make my dream a reality. With computer skills, I have a better understanding of the world, and good abilities for the job market.” PPF notes that Michael displays strong talent, and is learning to speak confidently in public and in the classroom.

Supported by PEPFAR through USAID since 2010, PPF supports family-centered care with a focus on addressing the needs of older OVCs. Specifically, PPF assists older OVC in building skills for productive livelihoods through integrating technical training with life skills and

literacy development, as well as job-search assistance and counseling. The PPF activity is a component of the CAP Mozambique project, funded through FHI 360 by USAID/PEPFAR.



**Caption:** Having recently re-enrolled in school through support from *Programa Para o Futuro* (PPF), Michael Mário does his homework.

**Photographer:** Mariana Quisito (facilitator)

**Consent:** Michael provided written consent for the use of his name and photo.

## Success Story 4. “Giving Back”

### Giving Back

#### *Programa Para o Futuro (PPF) Graduates Help New PPF Youth*

Seventeen-year-old Charles Alberto Chale was just six when his mother disappeared; and 13 when his father died. Left with a home but no other family support, Charles was identified by a coordinator from Associação Visão Para o Desenvolvimento Comunitário (VIDEC), one of four community-based organizations partnering with PEPFAR-supported *Programa Para o Futuro* (PPF). With sustained support from PPF, Charles gained the skills he needs to secure employment as a (VIDEC) *ativista*, and give back to others what he has received.

Charles joined PPF in 2010. Supported by PEPFAR through USAID, PPF supports children who have been orphaned or left vulnerable by Mozambique’s HIV/AIDS epidemic to build skills for productive livelihoods. Since Charles’s previous school did not have space for him, PPF helped Charles find and enroll in a new school. As a PPF participant, Charles studied information technology and business management, and acquired life and job search skills.

“When I started PPF I didn’t know anything about computers or the job market,” remembers Charles. “Now I can operate a computer... and I want to be a computer engineer.”

When he finished PPF, Charles had gained sufficient skills to earn money providing administrative services to VIDEDEC such as preparing budgets using Excel and providing IT support. One VIDEDEC facilitator, who joined the project after Charles graduated, thought Charles was a professional IT consultant.

“Charles is a very capable young man. PPF teaching is not being wasted here,” she said.

In 2012, Charles applied for a position as a paid *ativista* with VIDEDEC. “I found that none of the questions they asked were difficult, because the majority of them were about things that I had learned and practiced at PPF,” remembers Charles.

Charles is just one example of how PPF graduates are helping improve PPF’s current program. Another important way graduates are contributing is by serving as “Junior Facilitators” with the new PPF participants. In October 2012, eight PPF graduates were selected out of 24 applicants to work part-time, either in the afternoon or morning sessions. The Junior Facilitators play an important role in the classroom by supporting the youth with their projects, giving them a peer with whom they can talk, showing participants what they can achieve through PPF. Junior Facilitators also help other facilitators better understand the context and experience of the target OVC population, and provide a good example of what facilitators can expect of participants when they finish the program. For the graduates, being a Junior Facilitator is an opportunity to contribute to the program, continue to build their own skills, earn a salary, and gain valuable professional skills. The part-time schedule also enables them to continue to study.

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PPF activity is a component of the CAP Mozambique project, funded through FHI 360 by USAID/PEPFAR.



**Caption:** PPF graduate and current *activista* Charles Alberto Chale with a widow who cares for OVC

**Photographer:** Pedro Waite

**Consent:** Charles and Maria provided written consent for the use of their names and photos for this story.

### 13. FINANCIAL INFORMATION

See Annex 28: CAP Mozambique Quarterly Report Financial Information

Total expenses October 1, 2012- March 31, 2013: \$5,490.824

Total projected expenditures April 1, 2013 – September 30. 2013: \$5,545,381

Projected expenditures amount does NOT include obligations that will be outstanding to partners as of September 30, 2013, only expenditures.